

52 0001

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 0001

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Walter Standford

2. DATE  
OF  
DEATH

1-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

White Hall

D. STREET ADDRESS (If rural, give location)

E300

C. Month of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Oct 27-1932

9. AGE (in years  
last birthday)

19

If Under 1 Year  
Months: Days

2 4

If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Mechanical Repairman

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

White Hall

md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Edwin F. Stand. Lord

14. MOTHER'S MAIDEN NAME

Mary N. Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Father

ADDRESS

Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Cardio-Respiratory failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Probable Peritonitis

(C) Total Colectomy for Ulcerative Colitis

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-20-51

19B. MAJOR FINDINGS OF OPERATION

Active Ulcerative Colitis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

0000

22. I hereby certify that I attended the deceased from 11/20, 1951 to 1-1, 1952, that I last saw the  
deceased alive on 1-1, 1952 and that death occurred at 6:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

R.D. Richardson

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

1-1-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Jan 3 1952

24C. NAME OF CEMETERY OR CREMATORY

Bethel

24D. LOCATION (City, town, or county)

Madonna

(State)

md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles C. Kelly Garrettville

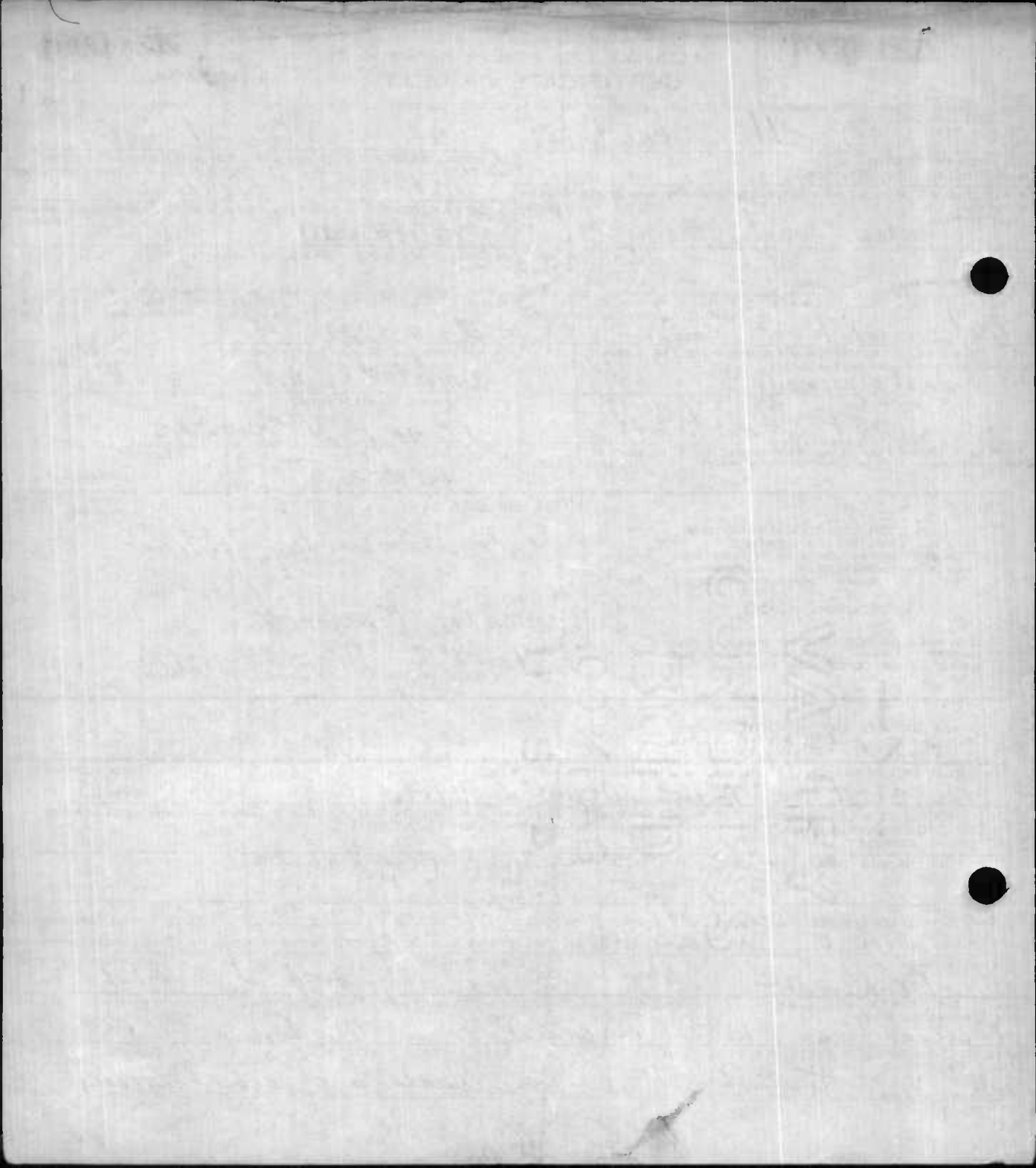
md.

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120 B

MEDICAL CERTIFICATION





0002

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0002  
Registered No.

(Type and Print) OF DECEASED

ROBERT SCHMIDT

2. DATE  
OF  
DEATH

Jan 1, 1952

## 3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE S. Balt. Sen4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
CLEVELAND OHIOD. STREET ADDRESS (If rural, give location)  
1945 E. 20th St

C. Length of stay in Baltimore

Yrs.  
3 Mos.  
Days5. MALE  
6. COLOR OR RACE WHITE7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
MARRIED8. DATE OF BIRTH  
AUG-17-18919. AGE (In years last birthday)  
60If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
MANAGER B & O. Y.10B. KIND OF BUSINESS OR INDUSTRY  
JOHN H. MURPHY CO11. BIRTHPLACE (State or foreign country)  
AUSTRIA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME  
SAMUEL SCHMIDT14. MOTHER'S MAIDEN NAME  
NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
286-05-611317. INFORMANT  
MRS CORA SCHMIDTADDRESS  
1800 WEBSTER ST

18. 470.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
CORONARY ARTERY SCLEROSIS

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

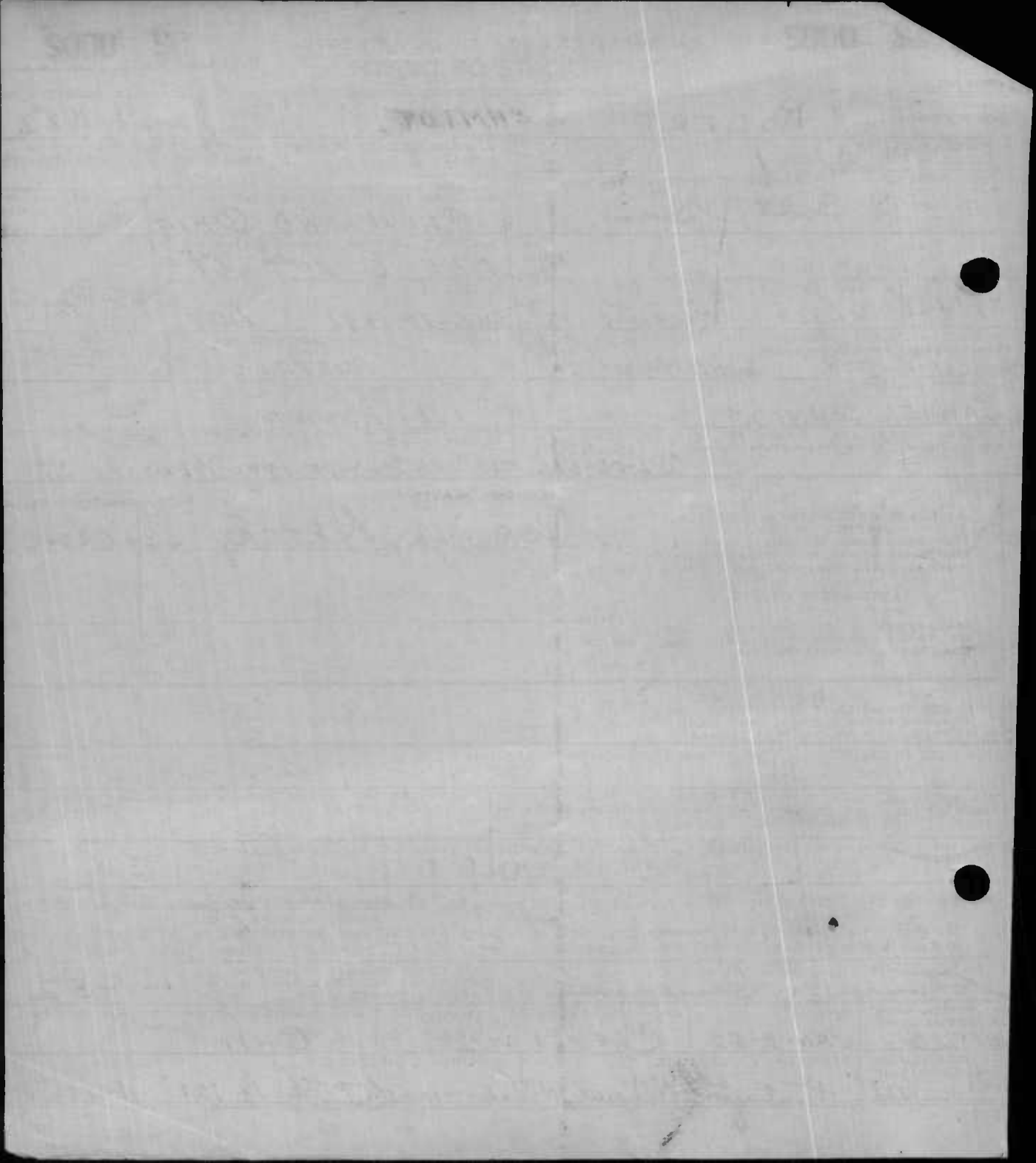
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection and Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐23A. SIGNATURE  
Stanley K. Dumlacher M.D.23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
1-1-5224A. BURIAL, CREMATION, REMOVAL (Specify)  
HIPPING24B. DATE  
JAN-2-5224C. NAME OF CEMETERY OR CREMATORY  
CLEVELAND24D. LOCATION (City, town, or county) (State)  
OHIODATE RECEIVED BY  
JAN 1 1952REGISTRAR'S SIGNATURE  
Huntington Williams, M.D.25. FUNERAL DIRECTOR  
Bernard C. KarkleADDRESS  
131 E West St



30  
525000303

5252000303

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) <b>CLIFFORD WALTER SMITH, JR.</b>		2. DATE OF DEATH <b>JAN. 1, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL OF MD.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 25-06</b>			
C. Month of stay in Baltimore <b>2</b>		D. STREET ADDRESS (If rural, give location) <b>1601 PATAPSCO AVE. #26</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>DEC. 12, 1949</b>	9. AGE (In years last birthday) <b>2</b>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>		10B. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) <b>OREGON</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>CLIFFORD W. SMITH</b>			
14. MOTHER'S MAIDEN NAME —		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>			
16. SOCIAL SECURITY NO. —		17. INFORMANT <b>PARENTS</b>			
18. ADDRESS <b>SAME</b>		19. ADDRESS <b>SAME</b>			
18. <b>340.3</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>MENINGO-ENCEPHALITIS</b> DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>		19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. —		21. DATE OF OPERATION <b>0</b>			
22. MAJOR FINDINGS OF OPERATION —		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —		26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) —	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>DEC. 31, 1951</b>		28. INJURY OCCURRED m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR? <b>0 0 0 2</b>	
30. I hereby certify that I attended the deceased from <b>Dec. 31, 1951</b> , to <b>JAN. 1, 1952</b> , that I last saw the deceased alive on <b>JAN. 1, 1952</b> , and that death occurred at <b>1:30 a.m.</b> , from the causes and on the date stated above.					
31. SIGNATURE <b>Miriam S. Daly</b>		32. ADDRESS <b>Lutheran Hospital</b>		33. DATE SIGNED <b>JAN. 1, 1952</b>	
34. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		35. DATE <b>1/4/52</b>		36. NAME OF CEMETERY OR CREMATORY <b>GLEN HAVEN</b>	
37. LOCATION (City, town, or county) (State) <b>RITCHIE HWY</b>		38. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 2 1952</b>		39. REGISTRAR'S SIGNATURE <b>John F. Williams</b>	
40. FUNERAL DIRECTOR <b>JOHN F. DENNY, INC</b>		41. ADDRESS <b>715 LIGHT ST -30</b>			

MEDICAL CERTIFICATION

Dr. Tull called. Fullerton H

"cultured spine, but no organism found"

1/4/22 - E

3052 0004

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0004

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CATHERINE F. DENT

2. DATE  
OF  
DEATH

1/11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 28, 1884

9. AGE (In years  
last birthday)

69

10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

March 28, 1884 Oakley Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John MARSHAL DENT.

14. MOTHER'S MAIDEN NAME

IDA WRIGHT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1 and E900.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS LEADING AND GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

FRACT. Pelvis

Dislocation Elbow Rt.

INTERVAL BETWEEN  
ONSET AND DEATH

25 min

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17, 1951, to 1/11/52, 1952, that I last saw the  
deceased alive on 1/11/52, 1952, and that death occurred at 3:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

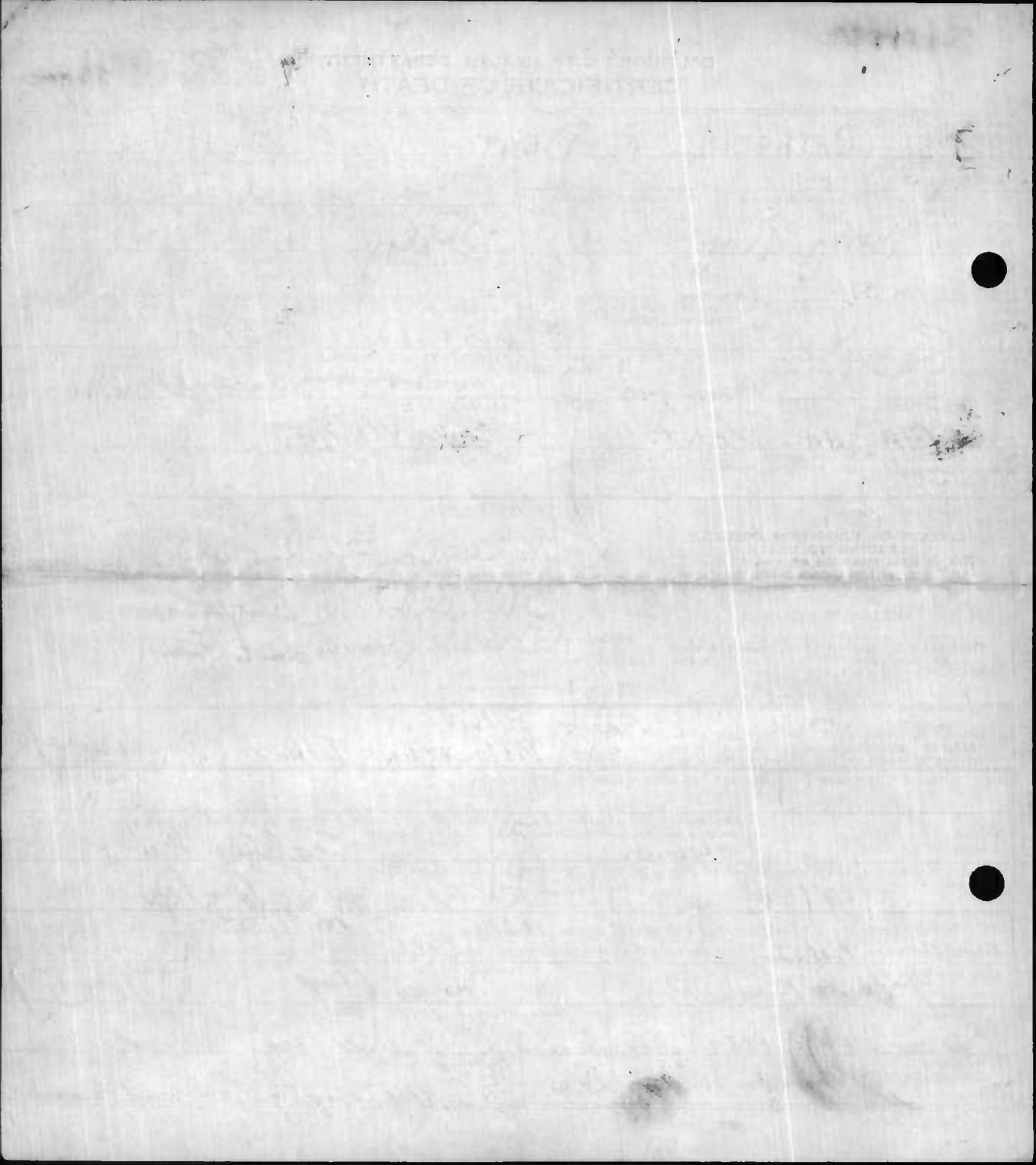
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52 0005

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0005  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. WILLA SITOWS

2. DATE  
OF  
DEATH

Jan 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Church Home &amp; Hosp.

C. Length of stay in Baltimore

12 yrs.

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

—

13. FATHER'S NAME

Melton, Mr. Mack

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore 6-05

D. STREET ADDRESS (If rural, give location)

138 N. Broadway

8. DATE OF BIRTH

Jan. 27, 1903

9. AGE (In years last birthday)

48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Mississippi

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Anderson - Alice

17. INFORMANT

ADDRESS

E. Shows. 138 N. Broadway

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertensive interstitial heart disease

30 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic nephritis

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 19, 1951, to Jan 1, 1952, that I last saw the deceased alive on Jan 1, 1952 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dorance E. Eubank M.D.

23B. ADDRESS

Church Home &amp; Hosp Bldg 3

23C. DATE SIGNED

1 Jan 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

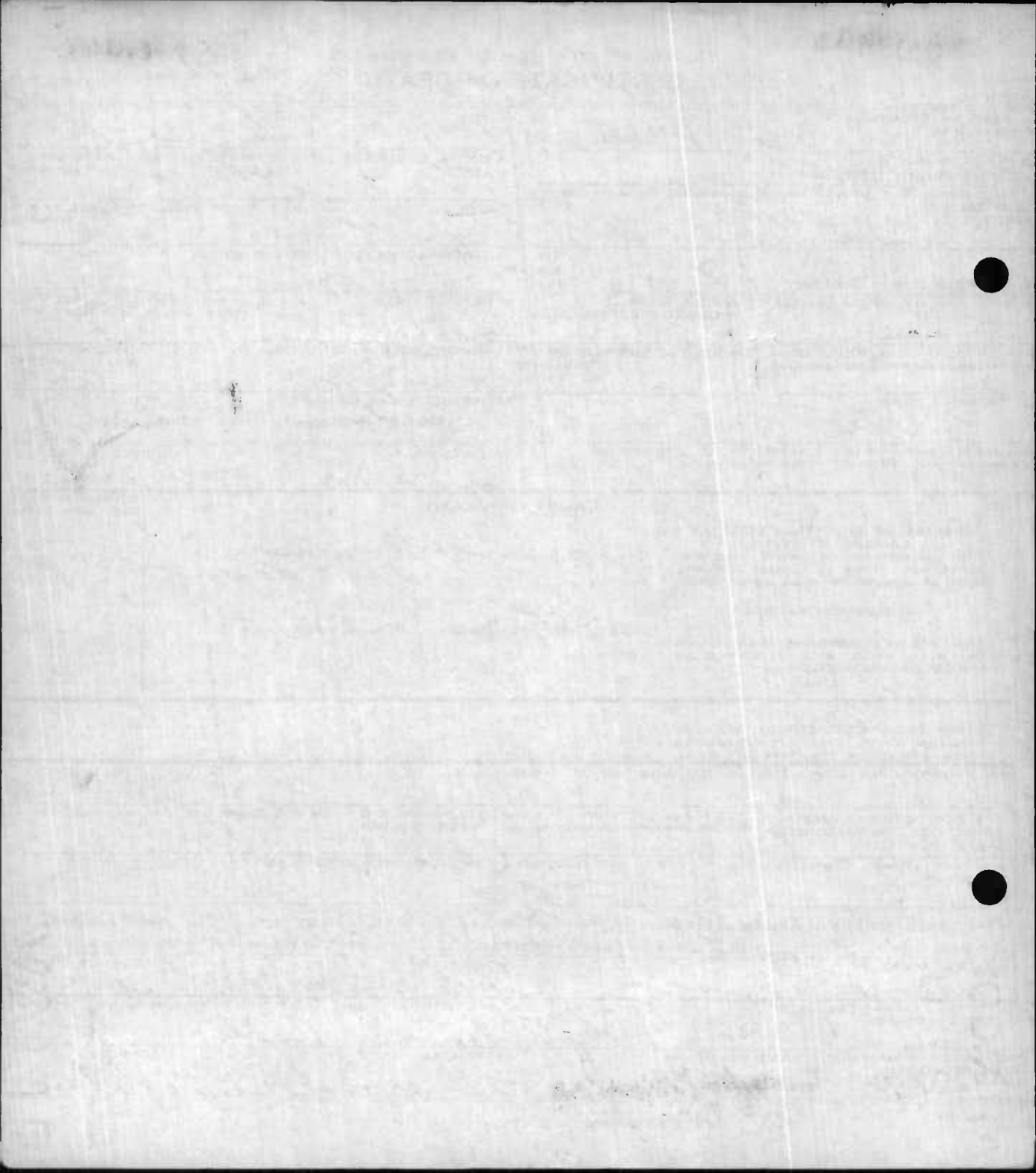
JAN 2 1952

Eugene A. Williams

Ullrich Funeral Home 2008 Chelan

VS 150

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5250006

CERTIFICATE CORRECTED 2-7-52

5250006

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lottie Eliza King

2. DATE  
OF  
DEATH

1-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

MA.

Hatter GARRETT

5. FULL NAME OF

(If not in hospital or institution, give street address or location)

Union Memorial Hosp

HOSPITAL OR

INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Deer Park

6. Length of stay in Baltimore Nov. 11, 1951 - 85 - Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

Route #1

7. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

F

W

W

8. DATE OF BIRTH

Sept 1, 1868

9. AGE (In years last birthday)

83

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

HOME

13. FATHER'S NAME

Charles Wildesen

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Mary Katherine Thompson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

No

Miss Helen King 116 E. 33rd St. #18

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

3 weeks

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic heart disease

?

(C) DUE TO

Generalized arteriosclerosis

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diverticulosis of sigmoid colon  
Nodular goiter

?

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ OR NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-10 1951, to 1-1 1952, that I last saw the deceased alive on 1-1 1951, and that death occurred at 8:40 p.m. from the causes and on the day stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

Jan 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

REMOVAL

1/2/52

HERBERT LEIGHTON FUNERAL HOME

OAKLAND

MARYLAND

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

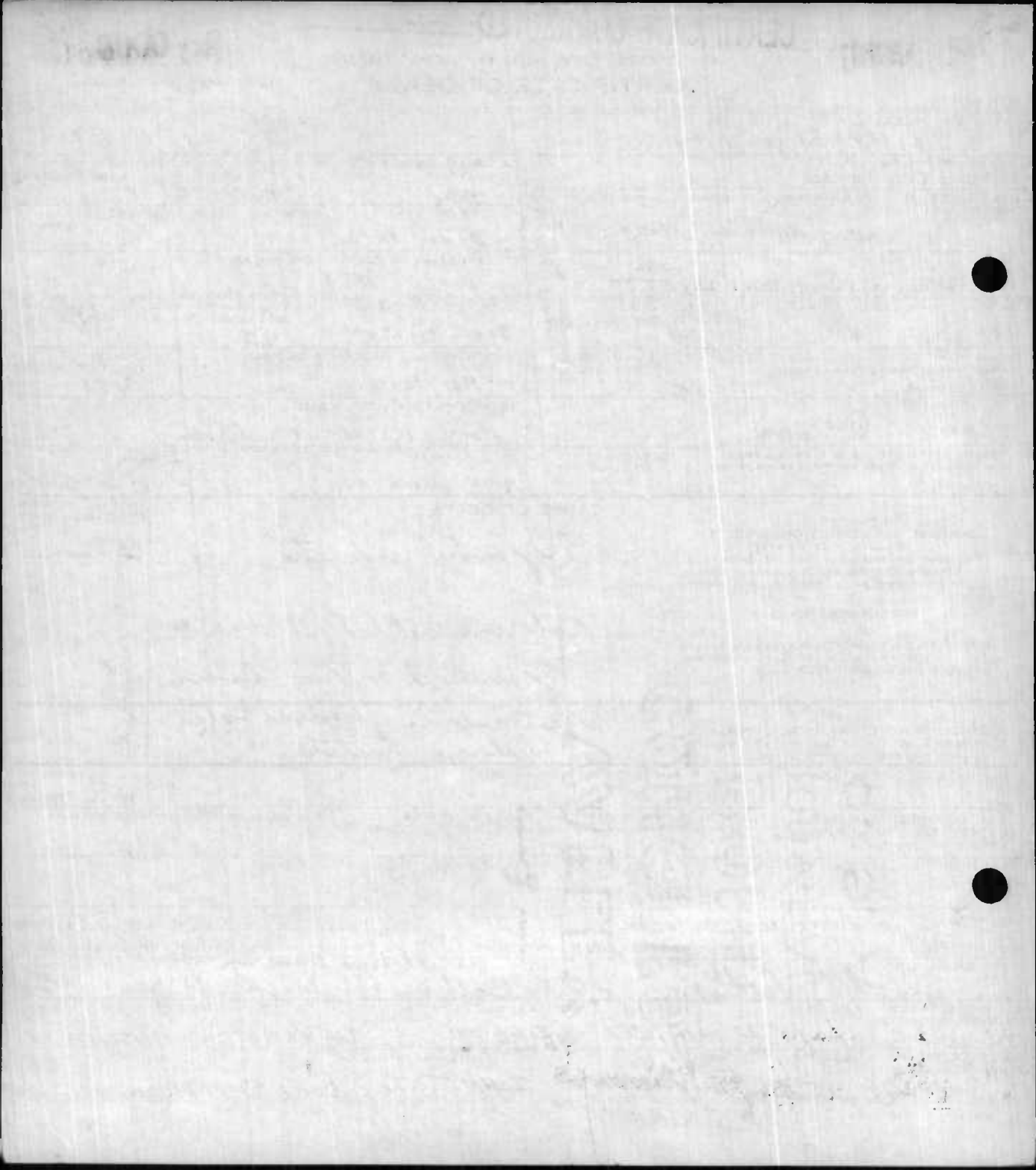
25. FUNERAL DIRECTOR

ADDRESS

JAN 2 1952

John T. Stansbury

JOHN T. STANSBURY 2700 EDMONDSON AVE



52 0007

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>ISA. PURZITSKY</b>			2. DATE OF DEATH <b>1-1-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>2476 Shirley Ave</b>			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>Md</b> B. COUNTY <b>15-12</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Mt Carmel Home</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>40</b>			D. STREET ADDRESS (If rural, give location) <b>2915 Norfolk Ave</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>61</b>		9. AGE (In years last birthday) <b>61</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <b>Lith</b>
13. FATHER'S NAME <b>Hyman</b>			14. MOTHER'S MAIDEN NAME <b>not known</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Abraham Purzitsky - same</b>			ADDRESS		

18. <b>170X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<b>Carcinomatous carcinoma of the Breast.</b>		<b>3 mo 17 1/2.</b>	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) <b>Arteriosclerotic Heart Disease &amp; Heart Failure.</b>		<b>1 1/2.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **Sept 25, 1951** to **Jan 1, 1952** that I last saw the deceased alive on **Jan 1, 1952** and that death occurred at **2-11** m., from the causes and on the date stated above.

23A. SIGNATURE **Richard D. Kolwan MD** 23B. ADDRESS **3700 Park Heights Ave** 23C. DATE SIGNED **Jan 2, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **1-2-52** 24C. NAME OF CEMETERY OR CREMATORY **Rosedale** 24D. LOCATION (City, town or county) (State) **Balts Md**

DATE RECEIVED BY LOCAL REGISTRAR **JAN 2 1952** REGISTRAR'S SIGNATURE **Wm. H. Williams** 25. FUNERAL DIRECTOR **Jack Lewis** ADDRESS **2100 Canton Pl**

Helmsman  
3700 Park Ave  
The 9855



52 0008

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0008

Registered No.

BIRTH NO. 51-22479

1. NAME OF DECEASED  
(Type or Print)

Geraldine Thiess

2. DATE  
OF  
DEATH

Jan. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Ind.

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 6-02

D. STREET ADDRESS (If rural, give location)

232 E. Park St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days  
11 Under 24 Hours  
Hours: Min.

Female White

-

Feb. 29, 51

3

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

Baltimore -

13. FATHER'S NAME

Harry Thiess -

14. MOTHER'S MAIDEN NAME

Lillian P. Muth

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 491X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

Respiratory failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TO

Acute bronchitis

(C) .....

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1951, to Jan. 1, 1952, that I last saw the deceased alive on Jan. 1, 1952, and that death occurred at 12:15 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Ruth M. Phillips, M.D.

JOHNS HOPKINS HOSPITAL

1-1-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 2 1952

Ruth M. Phillips

John H. Miller 2334 Jefferson St.



On approval  
52 0009BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0009  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WILLIAM CLARENCE REA		1-1-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN Baltimore			
C. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 730 E. Preston Street - 2			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 20 1873	9. AGE (In years last birthday) 78	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unskilled		10B. KIND OF BUSINESS OR INDUSTRY Night watchman		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Joseph Rea		14. MOTHER'S MAIDEN NAME Martha Jane Arnold	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 214-03-7749		17. INFORMANT ADDRESS Mrs Rock 730 E. Preston St	
18. E916.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) 1st, 2nd, 3rd Degree Burns of left arm & chest. DUE TO (B) Arteriosclerotic cardio vascular disease DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH		ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 730 E. Preston Street 9/9	
21D. TIME (Month) (Day) (Year) (Hour) Dec. 31, 1951 3:30 P.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Clothing became ignited while attempting to light cigar	
22. I hereby certify that I attended the deceased from 12-31-1951 to 1-1-1952, that I last saw the deceased alive on 1-1-1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE H. Andrew Ceece		23B. ADDRESS M. D. 1400 N. Caroline Street - 13		23C. DATE SIGNED 1-1-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/5/52		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) Baltimore		24E. DATE RECEIVED BY LOCAL REGISTRAR JAN 2 1952		24F. REGISTRAR'S SIGNATURE Rita Wiedefeld	
24G. FUNERAL DIRECTOR Rita Wiedefeld		24H. ADDRESS 900 E. Biddle St		24I. VS 150 N-947.2	

CERTIFICATION APPROVED BY  
R. H. Fisher, M.D.  
CHIEF OR ASST. MEDICAL EXAMINER.

181

THE PEOPLE OF DEATH

WILLIAM G. B. B. B.

WILLIAM G. B. B. B.

WILLIAM G. B. B. B.

WILLIAM G. B. B. B.

WILLIAM G. B. B. B.

WILLIAM G. B. B. B.

WILLIAM G. B. B. B.

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WILLIAM G. B. B. B.

WILLIAM G. B. B. B.

WILLIAM G. B. B. B.

WILLIAM G. B. B. B.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

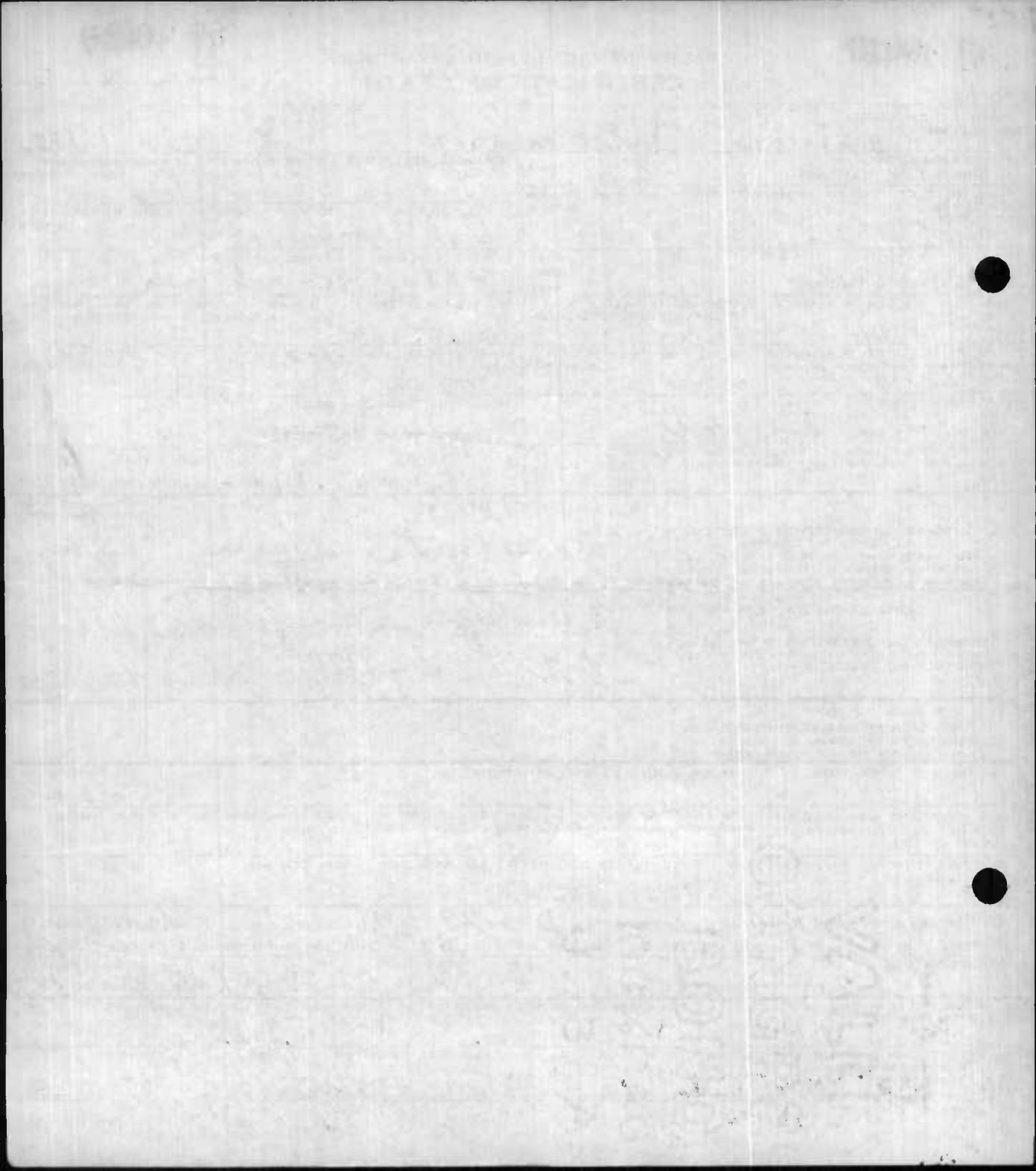
1. NAME OF DECEASED (Type or Print) <b>Estella Vida Emwarr</b>		2. DATE OF DEATH <b>Nov. 1, 1952</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Md.</b> b. COUNTY <b>27-07</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Univ. Hosp</b>		c. CITY OR TOWN* (If outside corporate limits, write, RURAL and give township) <b>Baltimore, 14</b>	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <b>2813 Berwick Ave.</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Jan. 7, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	9. AGE (In years last birthday) <b>71</b>
13. FATHER'S NAME <b>William Hackett</b>		12. CITIZEN OF WHAT COUNTRY? <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
		17. INFORMANT ADDRESS <b>Mrs. Joseph A. Ashley-120 Westowne Place</b>	

18. <b>580x 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <b>Acute hepatic insufficiency</b> DUE TO (B) <b>? homologous serum jaundice</b> DUE TO (C) <b>? acute hepatitis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>10 days</b>  <b>10 days</b>

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION <b>1</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>5200</b>		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>0000</b>	
21d. TIME (Month) (Day) (Year) (Hour) INJURY <b>0000</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec. 29, 1951</b> to <b>Jan 1, 1952</b> , that I last saw the deceased alive on <b>Jan 1, 1952</b> , and that death occurred at <b>11:45 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Robert A. Moore, Jr.</b>		23b. ADDRESS <b>University Hosp. Balto.</b>		23c. DATE SIGNED <b>Jan 1, 1952</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/4/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cem.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 2 1952</b>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS <b>Wm. J. Lickner &amp; Sons Balto. Md. 125 B</b>	





55  
52 0011

52 0011

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) <b>ARTHUR LANDIS HOFFMAN</b>		2. DATE OF DEATH <b>Jan 1, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore Yrs. <b>M</b> Mos. <b>W</b> Days		D. STREET ADDRESS (If rural, give location) <b>373 Maryland Rd. 25-31</b>	
5. <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Spet. 24, 1918</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Riveter</b>		9. AGE (In years last birthday) <b>33</b>	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
10B. KIND OF BUSINESS OR INDUSTRY <b>Glenn L. Martin</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Arthur V. Hoffman</b>		14. MOTHER'S MAIDEN NAME <b>Eleanor L. Romiser</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mr. Arthur F. Hoffman - 373 Maryland Rd.</b>		ADDRESS	

18. <b>E 981X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>MULTIPLE BULLETS OF CHEST AND ABDOMEN</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>STREET</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>5718 RANNY Rd.</b>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Jan 1, 1952 4A.M.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>SHOT DURING ALTERCATION</b>		
22. I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said <b>Autopsy, Inspection and Inquiry</b> , find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <b>Stanley S. Durlacher</b>	23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR	23C. DATE SIGNED <b>Jan 1, 1952</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1/4/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Moreland Mem. Pk.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>	

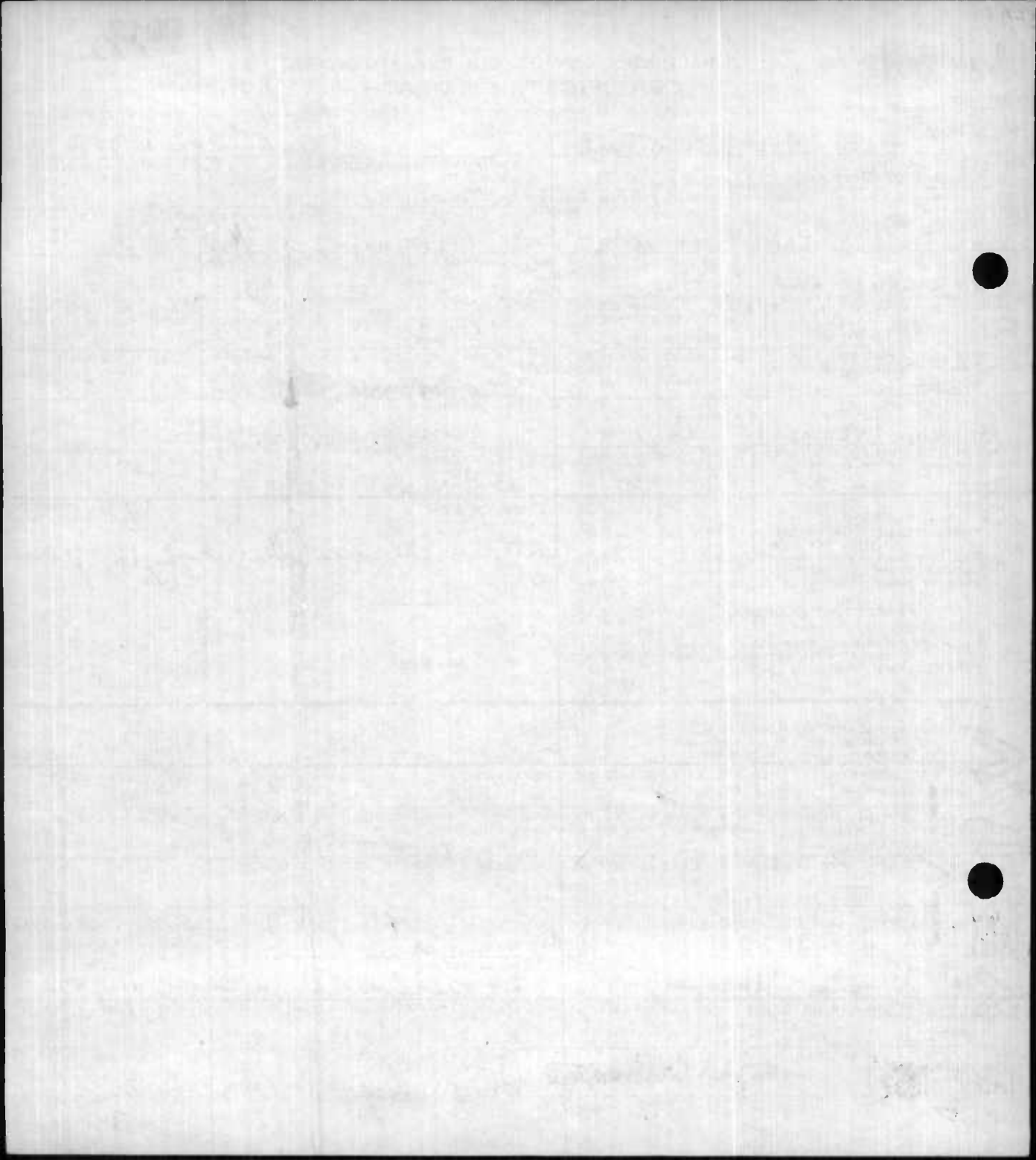
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 2 1952</b>	REGISTRAR'S SIGNATURE <b>Chm. J. Tiekner &amp; Son</b>	25. FUNERAL DIRECTOR <b>166 Baeto Md.</b>	ADDRESS
V S 151	N- 8624	6903T	

MEDICAL CERTIFICATION

John F. Kennedy  
with

400  
52 0012HILL  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0012  
Registered No. \_\_\_\_\_

BIRTH NO. _____		2. DATE OF DEATH JAN. 1, 1952	
1. NAME OF DECEASED (Type or Print) Mrs. Edna Taylor Hill		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md. B. FULL NAME OF (If not in hospital or institution, give street address or location) Home for Incurables - 700 W. 40 <sup>th</sup> ST. C. Length of stay in Baltimore Life Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07 D. STREET ADDRESS (If rural, give location) 700 W. 40th St.	
5. SEX F.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 27 1858
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 93
13. FATHER'S NAME Riley Treadway Taylor		11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT S.E. Ross. 700 W. 40 <sup>th</sup> ST. ADDRESS
18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arteriosclerosis (Generalized) 11 years DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK			
22. I hereby certify that I attended the deceased from June 2 1941 to Jan. 1 1952 that I last saw the deceased alive on Dec. 31 1951 and that death occurred at 10:45 A.M., from the causes and on the date stated above.			
23A. SIGNATURE W. H. Haffner Hershberger M.D.		23B. ADDRESS 214 Medical Arts Building	
23C. DATE SIGNED 1/1/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/4/52	
24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.		24D. LOCATION (City, town, or county) Pikesville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 2 1952		REGISTRAR'S SIGNATURE	
25. FUNERAL DIRECTOR		ADDRESS	
VS 150		97	



52 0013

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0013  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sophie Thormann Zehnter

2. DATE  
OF

DEATH Jan. 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-07

D. STREET ADDRESS (If rural, give location)

218 N. Culver St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 30, 1876

9. AGE (In years  
last birthday)

75

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House-work

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John H. Thormann

14. MOTHER'S MAIDEN NAME

Martha Weible

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Anna Dinsmore 218 N. Culver St.,

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT ☐NOT WHILE ☐22. I hereby certify that I attended the deceased from March, 1951, to 4/1, 1952, that I last saw the  
deceased alive on 12/31, 1951, and that death occurred at 1:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-4-1952

Loudon Park

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 2 1952

G. Howard Strong 3207 W. North Ave.,

Dr. D. O. MACLAUGHLIN  
4508 1st Ave W. 4150



52 0014

52 0014

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Leta Blanche Shank

2. DATE  
OF  
DEATH

Jan 1/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

33 Calvert

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3045 St Paul St

B. FULL NAME OF HOSPITAL OR INSTITUTION

Union Memorial

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female white

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 11-1879

9. AGE (in years last birthday)

72

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Rufus Shank

14. MOTHER'S MAIDEN NAME

Alice - ? -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

Mrs. Margaret Q. Foner - 3045 St. Paul

ADDRESS

18. 447 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1940 to Jan 1, 1952 that I last saw the deceased alive on Dec 25, 1951, and that death occurred at P m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert M. Foster

23B. ADDRESS

2824 St. Paul St

23C. DATE SIGNED

Jan 2-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Jan 3/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

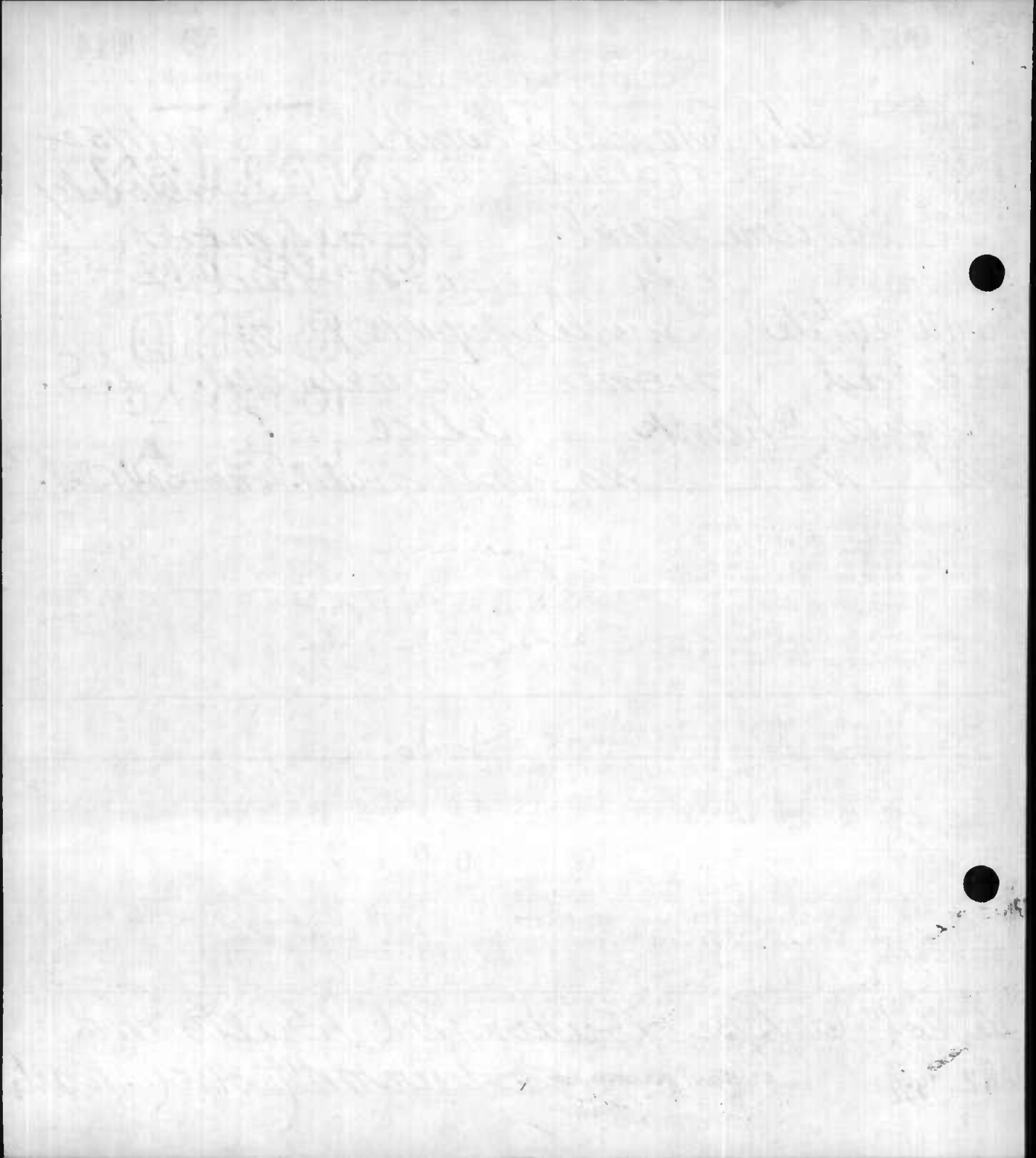
25. FUNERAL DIRECTOR

ADDRESS

JAN 2 1952

VS 150

131a



625  
52 0015BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 0015

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)MARIA ANNA  
Trachel Cereghino2. DATE  
OF  
DEATH

1-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY MONTGOMERY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE

The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Chevy Chase 65-00

D. STREET ADDRESS (If rural, give location)

7004 Tolling Road

C. Length of stay in Baltimore

11 mo - 28 days

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

7-2-78

9. AGE (In years last birthday)

72

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Genoa, Italy

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

? Griffino

14. MOTHER'S MAIDEN NAME

Mary ? Griffino

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

The Seton Institute, 6420 Reisterstown Rd, Balt

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 1/2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arterial Hypertension +

DUE TO

5 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Cerebral and general arteriosclerosis

7 years

Psychosis with cerebr. arteriosclerosis

2 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

22A. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

22B. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1951, to Jan. 1, 1952, that I last saw the deceased alive on Jan. 1, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Walker O. Jachens

23B. ADDRESS

3703 Clark Lane Beltsville Jan. 2, 1952

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL AGENT

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 2 1952

Stewart &amp; Mowen Co., 108 W. North Ave

City #1. 83a

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM

TO : DIRECTOR, FBI

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

CLASS: [Illegible]

STATUS: [Illegible]

ADMINISTRATIVE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

400  
52 0016BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0016  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HEALY, Frank Patrick</b>			2. DATE OF DEATH <b>Jan. 1, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Balto.</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Josephs Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 27-11</b>		
C. Length of stay in Baltimore <b>51 years</b>			D. STREET ADDRESS (If rural, give location) <b>N. Charles St. N.D. College Balto, 10</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>MAR 13, 1885</b>	9. AGE (In years last birthday) <b>66</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Caretaker - Library</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>N. Dame College</b>		11. BIRTHPLACE (State or foreign country) <b>Ireland</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13. FATHER'S NAME <b>MICHAEL HEALY</b>		
14. MOTHER'S MAIDEN NAME <b>MARGARET O'NEILL</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		
16. SOCIAL SECURITY NO. <b>217-26-7339</b>			17. INFORMANT ADDRESS <b>MRS. EDWARD MAHONEY 9202 224TH ST. QUEENS, N.Y.</b>		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) <b>CONGESTIVE HEART FAILURE</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>ARTERIOSCLEROTIC VASCULAR DISEASE</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>II</b>					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>December 13, 1951</b> to <b>January 1, 1952</b> that I last saw the deceased alive on <b>Dec. 31, 1951</b> and that death occurred at <b>5:13a.m.</b> , from the causes and on the date stated above.		23A. SIGNATURE <b>E. P. Coffey Jr.</b>		23B. ADDRESS <b>1400 N. Caroline St.</b>	
23C. DATE SIGNED <b>Jan. 1, 1952</b>		24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1-4-51</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>		24D. LOCATION (City, town, or county) <b>LONG ISLAND CITY, N.Y.</b>		25. FUNERAL DIRECTOR <b>Charles S. Zeiler, 901 S. CONKLING ST. BALTO., MD.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 3 - 1952</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>		ADDRESS <b>970 8V</b>	

no. 101 and 1

0650

0959



635  
52 0017BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0017

1. BIRTH NO.		2. DATE OF DEATH	
M. NAME OF DECEASED (Type or Print) William E. Martin		Jan. 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-10	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4011 Penhurst Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 5, 1868
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Chief Clerk	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles H. Martin		14. MOTHER'S MAIDEN NAME Sarah Schultz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Clarence W. Martin		ADDRESS 4011 Penhurst A	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 196X I CAUSE OF DEATH (A) Carcinoma left lower jaw DUE TO (B) Infection about lower teeth DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-1-1937, to 1-1-1952, that I last saw the deceased alive on 1-1-1952, and that death occurred at 1-1-1952, from the causes and on the date stated above.			
23A. SIGNATURE Howard J. Warner		23B. ADDRESS 2604 Barnard Rd.	
23C. DATE SIGNED 1-2-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-4-1952	
24C. NAME OF CEMETERY OR CREMATORY Greenmount		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 3 - 1952		REGISTRAR'S SIGNATURE William E. Martin	
25. FUNERAL DIRECTOR E. I. Fanning & Son		ADDRESS 1304 E. Belvedere A	

C100 52

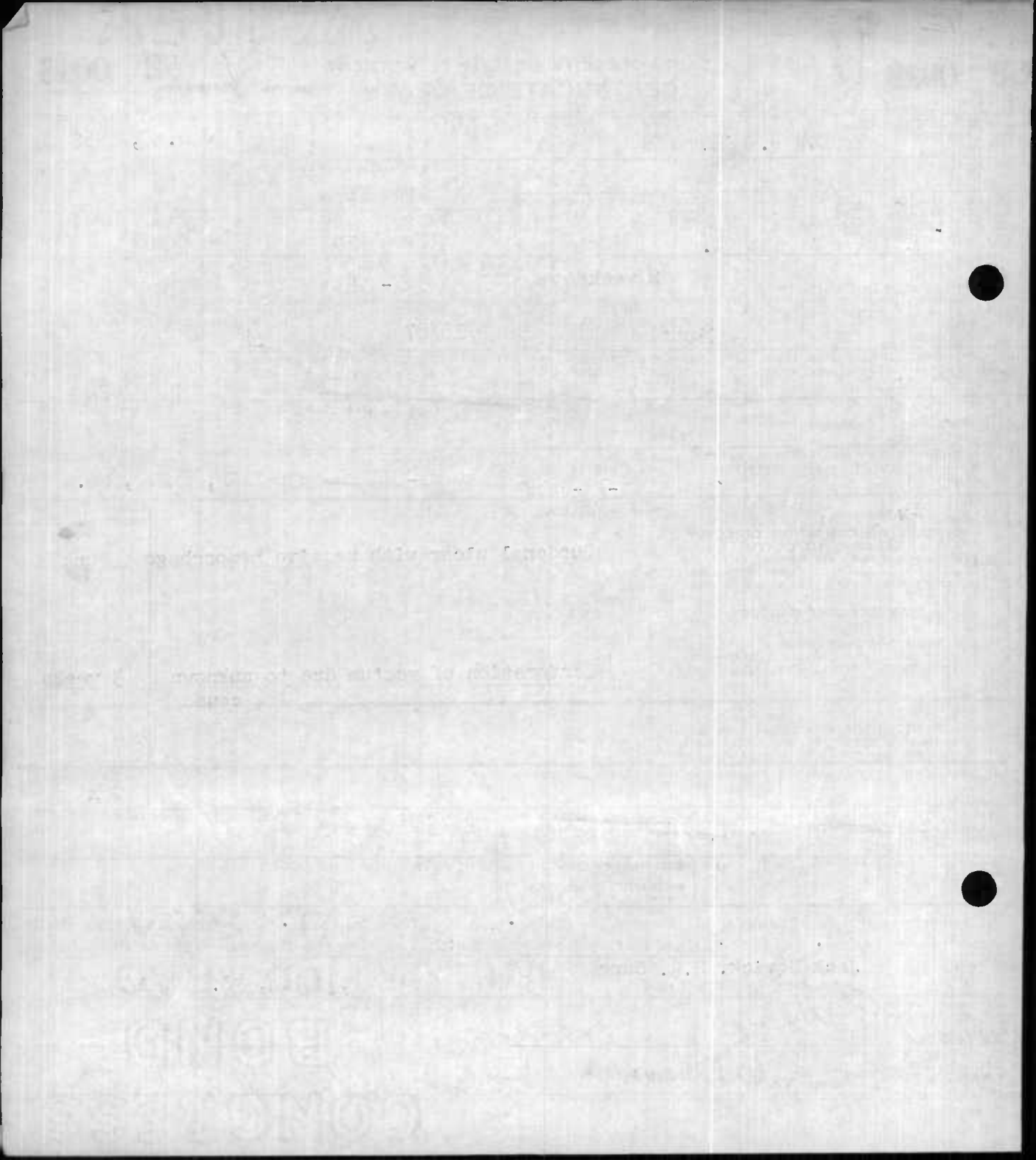
1130



652  
52 0018BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0018

1. NAME OF DECEASED (Type or Print) <b>RAYNOR B. ARMSTRONG</b>		2. DATE OF DEATH <b>Jan. 2, 1952</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>New York</b> B. COUNTY <b>V-29</b>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wyman Pk. Drive &amp; 31st St.</b>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Brooklyn</b>	
d. Length of stay in Baltimore <b>? 2 weeks</b>		e. STREET ADDRESS (If rural, give location) <b>305- 95th Street</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>2/18/87</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seaman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Seafaring</b>	9. AGE (In years last birthday) <b>64</b>
11. BIRTHPLACE (State or foreign country) <b>New York</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>?</b>		14. MOTHER'S MAIDEN NAME <b>?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>?</b>		16. SOCIAL SECURITY NO. <b>086-12-1632</b>	
17. INFORMANT <b>Records- US PHS HOSPITAL, BALTO, MD.</b>		ADDRESS <b>BALTO, MD.</b>	
18. <b>541.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Duodenal ulcer with massive hemorrhage</b> DUE TO (B) <b>Perforation of rectum due to unknown cause</b> DUE TO (C) <b>3 weeks</b> INTERVAL BETWEEN ONSET AND DEATH <b>unk</b> <b>3 weeks</b> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>?</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>?</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>?</b>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>?</b>		21D. TIME (Month) (Day) (Year) (Hour) <b>?</b>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>?</b>	
22. I hereby certify that I attended the deceased from <b>Dec. 21</b> , 19 <b>51</b> , to <b>Jan. 2</b> , 19 <b>52</b> that I last saw the deceased alive on <b>Jan. 2</b> , 19 <b>52</b> , and that death occurred at <b>7:50A</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Jack Hovick</b>		23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>	
23C. DATE SIGNED <b>1/2/52</b>			
24A. REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>1/3/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Brooklyn</b>		24D. LOCATION (City, town, or county) (State) <b>n. y.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 3 - 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. Cook Inc. 1217 St. Paul St.</b>	
25. FUNERAL DIRECTOR <b>Wm. Cook Inc. 1217 St. Paul St.</b>		ADDRESS <b>Wm. Cook Inc. 1217 St. Paul St.</b>	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0019

1. PLACE OF DEATH:

(a) Baltimore City, Maryland  
(b) Street address 3648 Elm Ave  
(c) Hospital or institution:  
(d) Length of stay in hospital or inst. (yrs., mos., or days) 0  
(e) Length of stay in Baltimore (yrs., mos., or days) 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Md. (b) County Baltimore  
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)  
(d) Street No. 3648 Elm Ave (If rural give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3 (a) FULL NAME Elizabeth Jane Parrish

3 (b) If veteran, name war

3 (c) Social Security Account No.         

4. Sex F 5. Color or race W 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Herman D. Parrish  
6 (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 29 Sept 1894

8. AGE: Years 57 Months          Days          If less than one day  
         hr.          min.

9. Birthplace Baltimore  
(Town, county, and state)

10. Usual Occupation H.W.

11. Industry or business

FATHER 12. Name Peter Darby

13. Birthplace Ireland

MOTHER 14. Maiden Name Annie Shaumessy

15. Birthplace Ireland

16 (a) Informant Herman Parrish

(b) Address 3648 Elm Ave. Balt. 11, Md.

17 (a) Burial (b) Date thereof 5-15-52  
(Burial, cremation, or removal) (month) (day) (year)

(c) Cemetery or crematory Lorraine  
Location Baltimore Md

18 (a) Funeral director Frank H. Seitz

(b) Address 814 N. 36th St.

19 JAN 3 - 1952 (Date rec'd by registrar) Frank H. Williams Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 Jan 1952, at 5:25 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 7 April 1949, to 1 Jan 1952, and that I last saw her alive on 1 Jan 1952.

Immediate cause of death

Cerebral hemorrhage

Duration

2 days

Due to Generalized arteriosclerosis

Due to Diabetes mellitus

10 years

Other Conditions Chronic nephritis  
Hypertensive heart disease  
(Include pregnancy within 3 months of death)

50 years  
10 years

PHYSICIAN

Date of operation

Major findings of operation:

of autopsy:

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence 1 Jan at 5:25 PM

(c) Where did injury occur?  
(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place?          While at work?  
(Specify type of place)

(e) Means of injury

23. Signature Charles V. Williams

Address Pikesville 8, Md. M. D.           
Date signed 1 Jan 52

## INSTRUCTIONS FOR MEDICAL CERTIFICATION

---

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

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For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.



650  
52-0020BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0020

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ERNEST

GREEN

2. DATE  
OF  
DEATH

January 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Jacobsville

D. STREET ADDRESS (If rural, give location)

E. Length of stay in Baltimore

5. SEX  
Male6. COLOR OR RACE  
Colored7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

2/10/05

9. AGE (In years  
last birthday)

45

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CHAUFFEUR

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

GARRISON GREEN

M. TRANS

11. BIRTHPLACE (State or foreign country)

PASADENA, A.A. County, Md

12. CITIZEN OF  
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

GARRISON GREEN - PASADENA, Md

18. E982X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) Stab wound of the right neck with  
laceration of the right internal  
jugular vein and hemorrhage into the  
right chest cavity

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Jacobsville, Anne Arundel County, Md.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Jan. 1, 1952 6:00 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 2, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1-6-52

24C. NAME OF CEMETERY OR CREMATORY

MAGDOHY CEMETRY

24D. LOCATION (City, town, or county) (State)

A. A. County Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AN3-1952

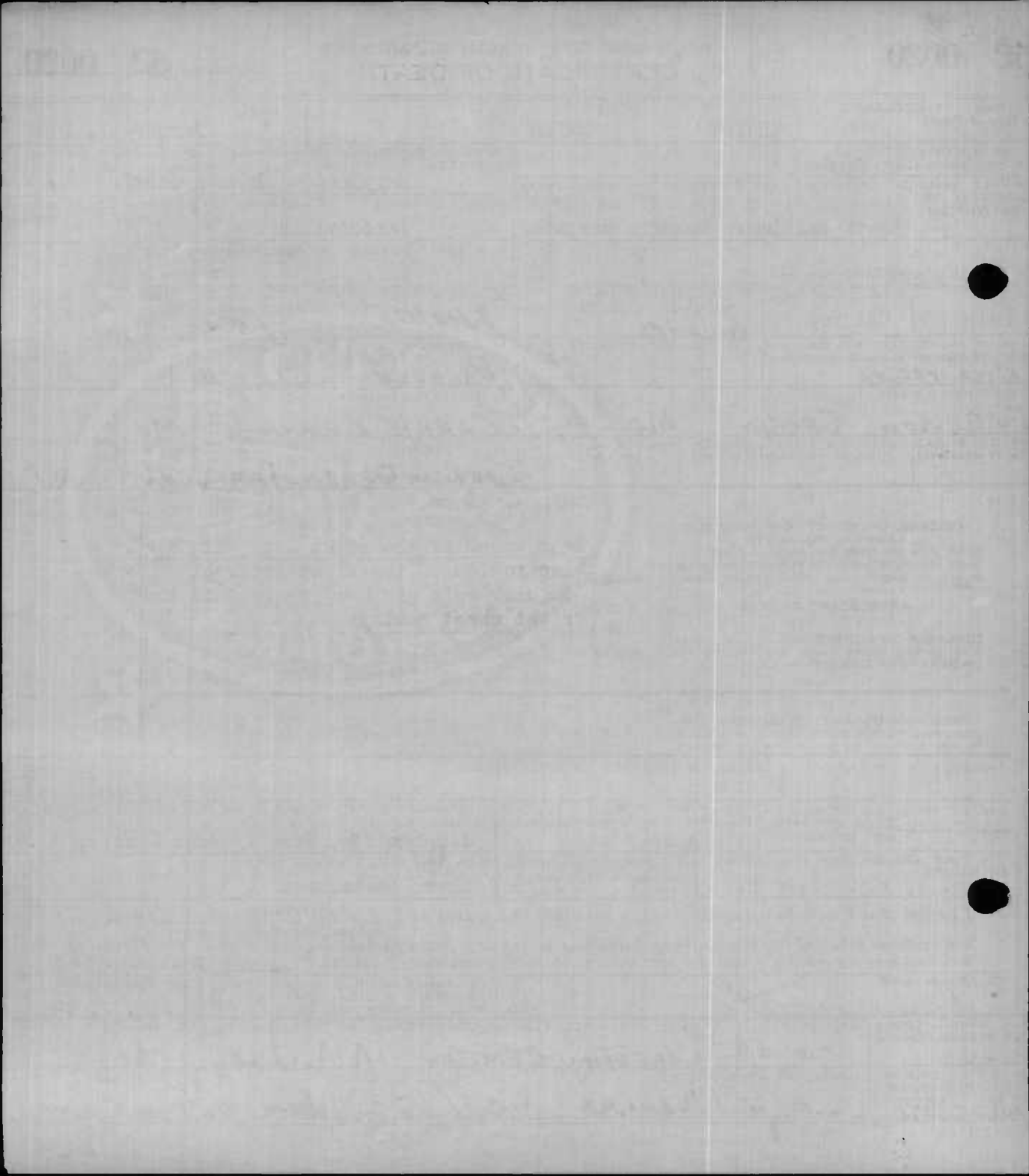
VS 151

N-8742

64352

William A. Johnson, 916 Penna ave

167



425  
0021BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0021

BIRTH NO. 52-00096

1. NAME OF DECEASED  
(Type or Print)

Baby Boy Wilson

2. DATE  
OF  
DEATH

1/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

Yrs.  
Mos.  
Days

C. Month of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4215 Bayonne Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/2/52

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

13 10

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Willbur Harold Wilson

14. MOTHER'S MAIDEN NAME

Gertrude Gault

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

771.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) PULMONARY, ADRENAL  
DUE TO AND INTRACRANIAL  
HEMORRHAGE  
(B)  
DUE TO UNKNOWN  
(C)INTERVAL BETWEEN  
ONSET AND DEATH

MEDICAL CERTIFICATION

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2/52, 19\_\_, to 1/2/52, 19\_\_, that I last saw the  
deceased alive on 1/2/52, 19\_\_, and that death occurred at 12:02 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Severin T. Golovick

M. D.

23B. ADDRESS

1213 Light St.

23C. DATE SIGNED

1/3/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

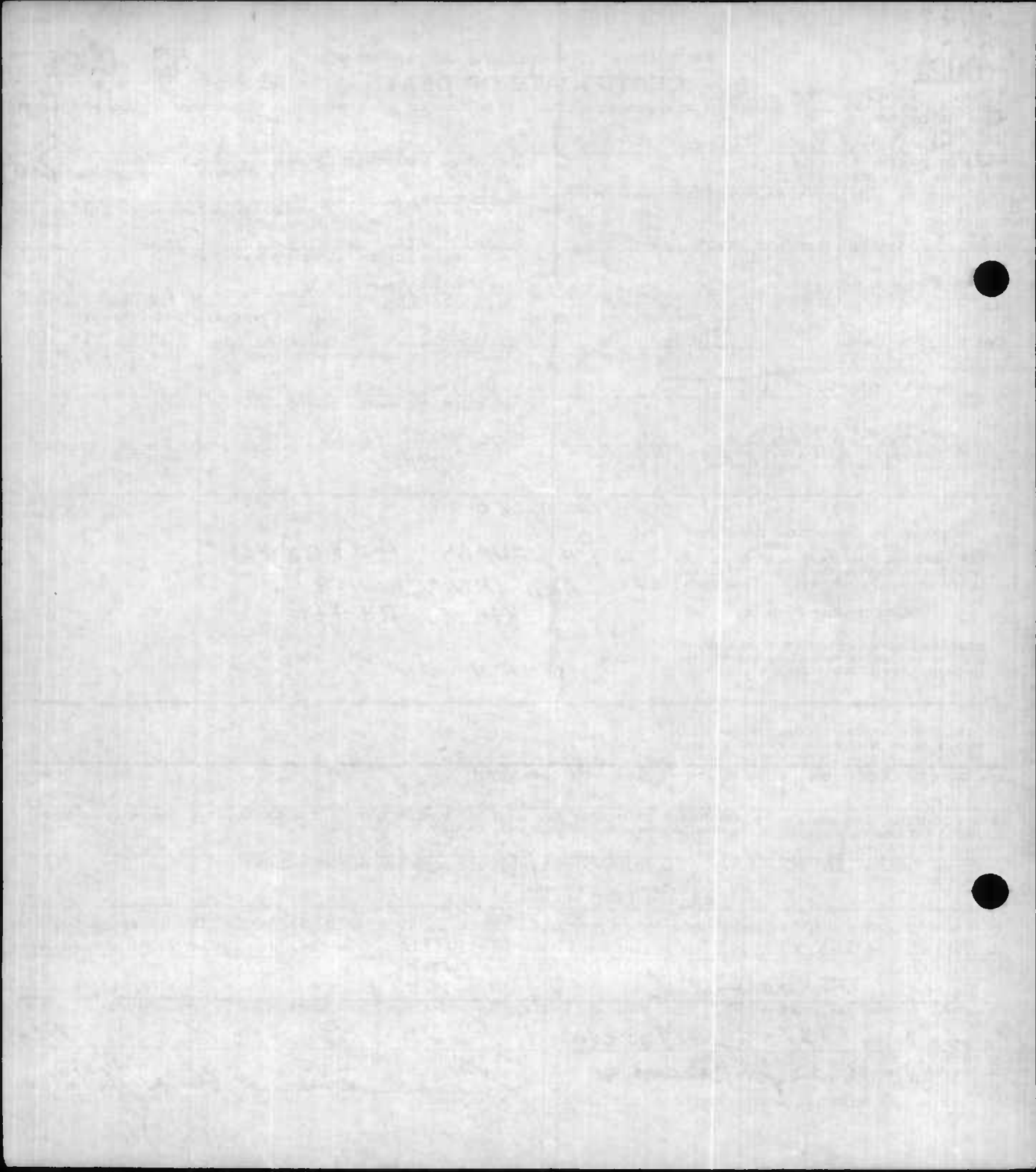
25. FUNERAL DIRECTOR

ADDRESS

JAN 3 - 1952

Severin T. Golovick

Lassch Funeral Home Belair Rd



52 0022		BALTIMORE CITY HEALTH DEPARTMENT		52 0022	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		ALICE SPAULDING		2. DATE OF DEATH January 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 1022 Wilmot Court	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH June 15, 1871		9. AGE (In years last birthday) 80		10. UNDER 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME George Browning		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Leah Spaulding 1022 Wilmot Court	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Wood		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Jan. 2, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan 5 1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	
24D. LOCATION (City, town, or county) Fredrick Road		24E. DATE RECEIVED BY LOCAL REGISTRAR JAN 3 - 1952		24F. REGISTRAR'S SIGNATURE William H. Wood	
24G. FUNERAL DIRECTOR Leo S. Leach		24H. ADDRESS 1701-03 N. Patterson Park		24I. VS 151	

8200

52

8200

52





300  
52 0023BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0023  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Christine White</i>		2. DATE OF DEATH <i>Jan 2nd 1953</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>8-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1845 N. Collington Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Aug 17<sup>th</sup> 1950</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <i>16</i>
11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Charles J. White</i>		14. MOTHER'S MAIDEN NAME <i>Grace Fitch</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>

18. <i>754.4 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Pneumonia</i> DUE TO (B) <i>Congenital heart lesion</i> DUE TO (C) <i>Transposition of Great Vessels</i>	INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>16 hrs</i>
--	---	---

19A. DATE OF OPERATION <i>April 1951</i>		19B. MAJOR FINDINGS OF OPERATION <i>Transposition of Great Vessels</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <i>1-2-</i> , 19 <i>52</i> , and that death occurred at <i>6:55 Am.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>A. R. Bancroft</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2 Jan 1953</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Burial Jan 4<sup>th</sup> 1953</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemers</i>	
24D. LOCATION (City, town, or county) (State) <i>Belair Rd</i>		25. FUNERAL DIRECTOR <i>Leah L. Leach 1701-03 N. Patterson Park</i>		ADDRESS <i>157E Ave</i>	

1003

CERTIFICATE OF DEATH

1003

Name of Deceased		Date of Birth	
Sex		Race	
Place of Birth		Date of Death	
Cause of Death		Place of Death	
Signature of Physician		Signature of Registrar	
Date of Signature		Date of Signature	

525

2 0024

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0024

1. NAME OF DECEASED (Type or Print) *Blanche Marie Johnson*

2. DATE OF DEATH *Jan. 1, 1952*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE *Penna* B. COUNTY *York*

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
*1508 Sheffield Rd.*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Lansdowne*

7. STREET ADDRESS (If rural, give location)  
*53 Baynes Ave*

8. Length of stay in Baltimore  
Yrs. Mos. Days

9. SEX *Female*

10. COLOR OR RACE *White*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widow*

12. DATE OF BIRTH *June 8-1875*

13. AGE (In years last birthday) *76*

14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Honourable*

16. KIND OF BUSINESS OR INDUSTRY *Home*

17. BIRTHPLACE (State or foreign country) *Maryland*

18. CITIZEN OF WHAT COUNTRY? *USA*

19. FATHER'S NAME *James Biscoe*

20. MOTHER'S MAIDEN NAME *Maria Garman*

21. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) *No*

22. SOCIAL SECURITY NO. *None*

23. INFORMANT *Mrs. Stuart A. Pitus* ADDRESS *53 Baynes Ave, Lansdowne Pa*

18. CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
*Coronary Disease*  
(A) DUE TO  
INTERVAL BETWEEN ONSET AND DEATH  
ANTECEDENT CAUSES  
(B) DUE TO  
(C) DUE TO  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)  
*6023*

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE *Wm. H. Kammer, Jr.* M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED *Jan. 1, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial*

24B. DATE *Jan 4-1951*

24C. NAME OF CEMETERY OR CREMATORY *Landon Park*

24D. LOCATION (City, town, or county) (State) *Baltimore Md.*

DATE RECEIVED BY LOCAL REGISTRAR *JAN 3-1952*

REGISTRAR'S SIGNATURE *Wm. H. Kammer, Jr.*

25. FUNERAL DIRECTOR *William J. Gore* ADDRESS *2224 N. Charles*

VS 151

94a

1200

93

1200



200  
2 0025BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0025  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ADA MAE ECK

2. DATE  
OF  
DEATH

1-2-52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Mem. Hospital

5. Length of stay in Baltimore

56

Yrs.  
Mos.  
Days6. SEX  
F6. COLOR OR RACE  
W7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married8. DATE OF BIRTH  
7-23-959. AGE (in years  
last birthday)  
5610. Under 1 Year  
Months: Days  
11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

3. FATHER'S NAME

Emory Bell

14. MOTHER'S MAIDEN NAME

Anne Kaufman

5. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Melvin Eck - 3125 Clifton

18. E 902.01

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Fracture of nose, pelvis, &amp; sacrum BY 16 days

DUE TO

(C) CERTIFICATION APPROVED  
M.D.

CHIEF OR ASST. MEDICAL EXAMINER

11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-17-51

19B. MAJOR FINDINGS OF OPERATION

Fractured nose - Broken pelvis

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)

3125 Clifton Ave.

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

12-17-51

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell from roof when rail broke

22. I hereby certify that I attended the deceased from 12-17, 1951, to 1-2, 1952, that I last saw the  
deceased alive on 1-2, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Claude E. Parish

M. D.

23B. ADDRESS

Union Memorial Hosp., Baltimore

23C. DATE SIGNED

1/2/52

24A. BURIAL, CREMA-  
TION REMOVAL (Specify)

24B. DATE

1-5-52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

L. J. Ruck

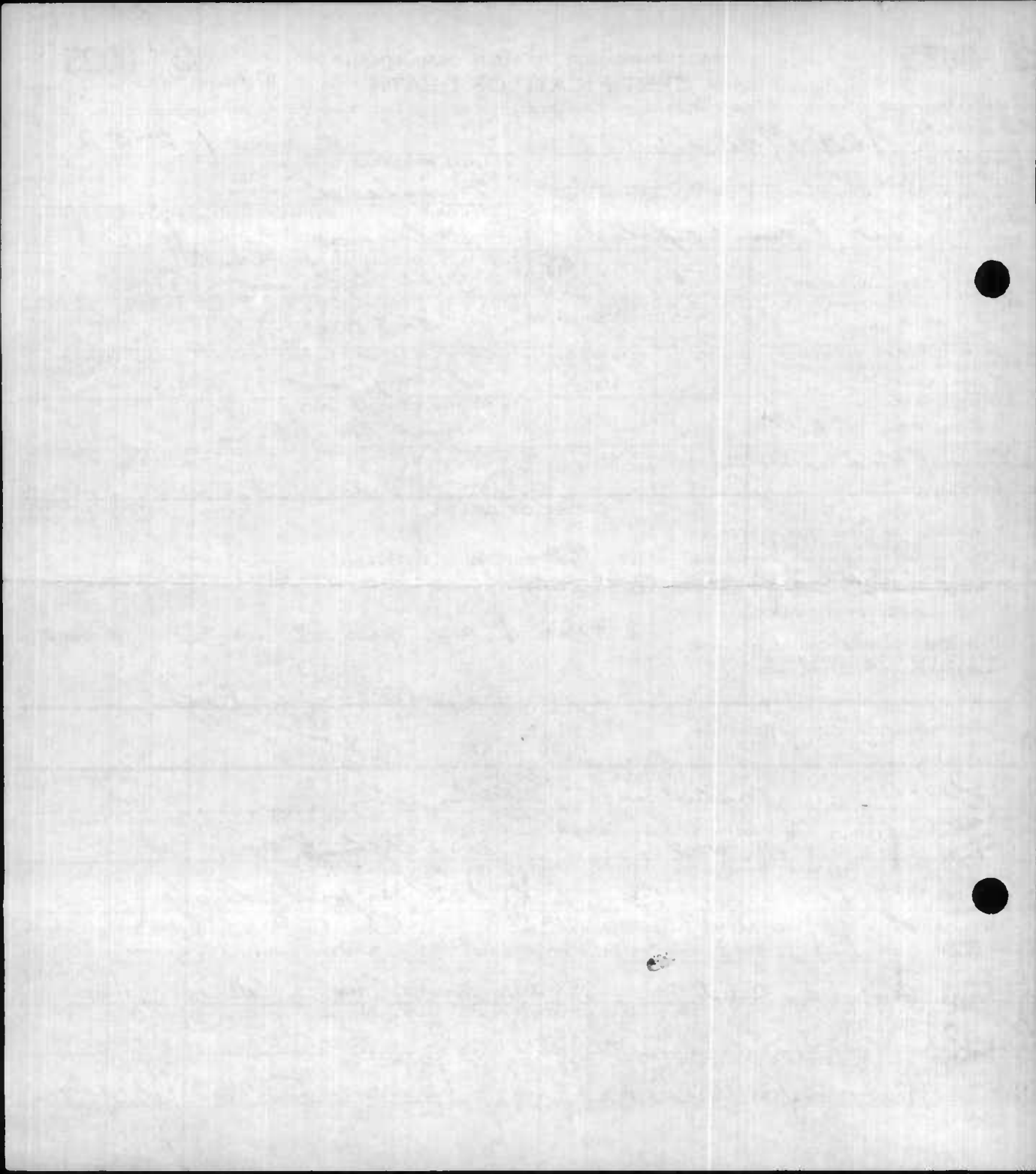
ADDRESS

5305 Hayford

VS 150

N-808.2

186a





232  
52 0026  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0026  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Charles H. Lighthiser</i>		2. DATE OF DEATH <i>Jan. 1-1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE <i>Maryland</i> c. COUNTY <i>1-44</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>3119 White Ave.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Month of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <i>3119 White Avenue</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>Jan. 28-1860</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Optician</i>	9. AGE (In years last birthday) <i>91</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mrs. Anita Lighthiser - white</i>		ADDRESS <i>3119</i>	

18. <i>422.1.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Intermittent C.U.D.</i> DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)		

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec.</i> , 1951, to <i>Jan. 1</i> , 1952 that I last saw the deceased alive on <i>Dec. 29</i> , 1951, and that death occurred at <i>7:50 a.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <i>4113 Howard Rd.</i>		23c. DATE SIGNED <i>1-2-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>1-3-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	
24d. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>		25. FUNERAL DIRECTOR <i>L. J. Ruck</i>		ADDRESS <i>5305 Harford</i>	

Dr. Haase

52 0027

# CERTIFICATE CORRECTED

6-10-52

52 0027

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

K-234

1. NAME OF DECEASED  
(Type or Print)

CORNELIO

(KASTILLIO) CASTILLO

2. DATE  
OF  
DEATH

January 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto -

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

806 S. Ann Street

c. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

?

9. AGE (In years

last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

S.C.U.

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Beato C. Alvarez - 806 S. Ann St.

18. 4221

### CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE ☒ WORK ☐ NOT WHILE ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Jan. 2, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

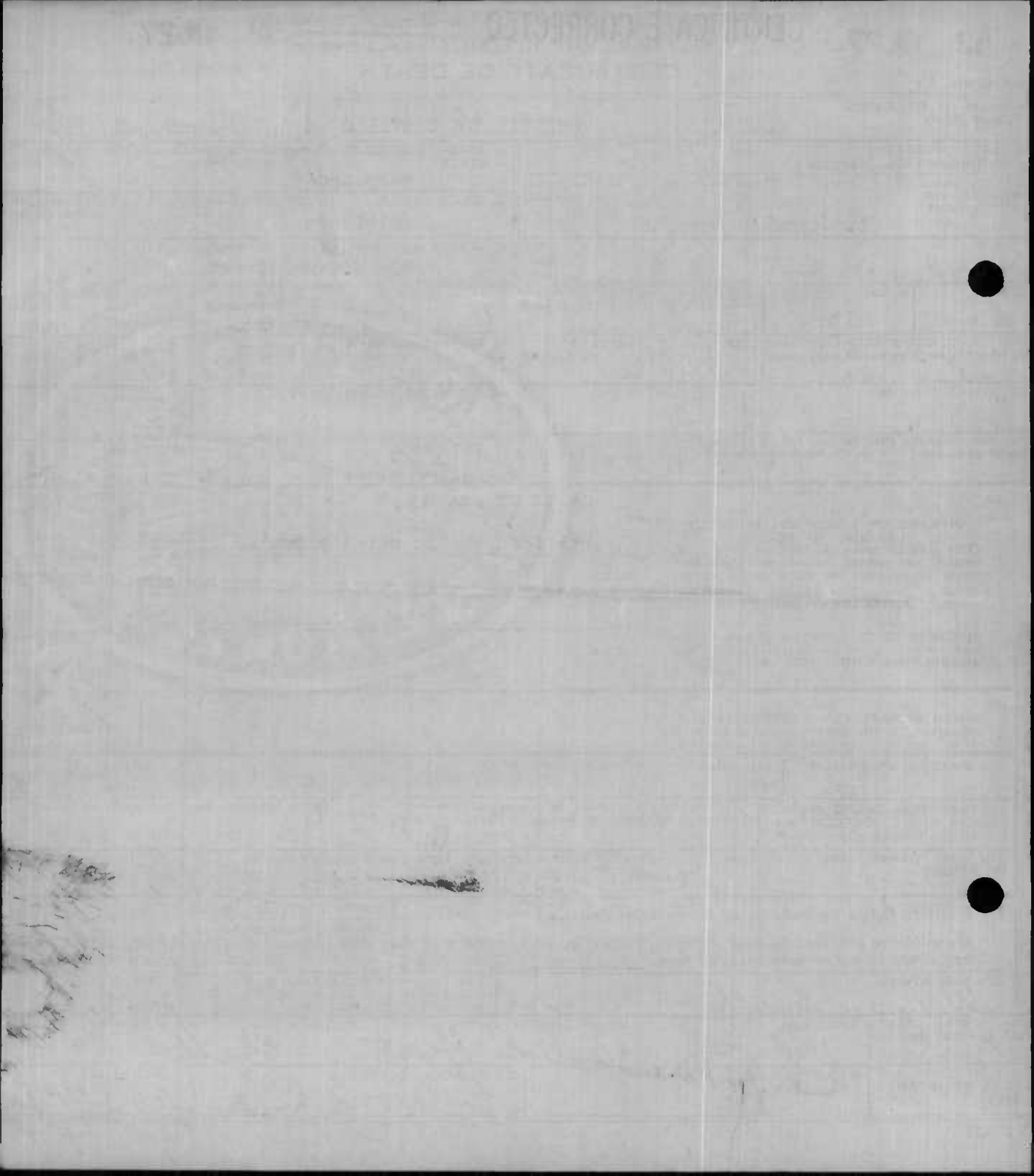
25. FUNERAL DIRECTOR

ADDRESS

VS 151

67355

937



52 0028

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0028

Registered No.

BIRTH NO.

G-620

1. NAME OF DECEASED  
(Type or Print)

HARRY LEE GEORGE

2. DATE  
OF  
DEATH

January 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Baltimore City Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

C. Length of stay in Baltimore

Solo

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

605 E. 33rd Street

9-05

5. SEX  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 6-34

9. AGE (In years  
last birthday)

17

10. Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Black -

10B. KIND OF BUSINESS OR  
INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Harry Lee George

14. MOTHER'S MAIDEN NAME

Lillian Ruth Neumann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Lillian Neumann 2113 W. Fayette

18. E982 X1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Stab wound of right chest involving  
heart with massive hemothorax

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (a.g., in or  
about home, farm, factory, street, office bldg., etc.)

Park

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Ave.

Patterson Park near Grover St. &amp; Eastern

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Jan. 1, 1952 4:30 P. M.

21E. INJURY OCCURRED  
WHILE AT NOT WHILE  
WORK AT WORKWORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William H. Williams

23B. CHIEF MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAMINER  
M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

Jan. 2, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1-5-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balto MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Lillian Neumann 4031 W. Fayette

VS 151

N-861-2

35099

167

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324  
52 0029BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0029

1. NAME OF DECEASED (Type or Print) <i>EL. Dec Mitchell</i>		2. DATE OF DEATH <i>1/3/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Franklin Square Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore City</i>	
6. Length of stay in Baltimore <i>9</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>311 Millington Lane</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>June 9, 1870</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Carpenter</i>	9. AGE (In years last birthday) <i>81</i>
11. FATHER'S NAME <i>W<sup>m</sup> Mitchell</i>		12. CITIZEN OF WHAT COUNTRY? <i>Va.</i>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>		14. MOTHER'S MAIDEN NAME <i>Mary</i>	
15. SOCIAL SECURITY NO. <i>231-05-6962</i>		17. INFORMANT ADDRESS <i>Mrs Georgia Mitchell 301 Millington Lane</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Anteroselectic C.V. disease</i> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>5 22 00 00 00 00</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>[Signature]</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/> <i>1/3/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>Jan. 4 '52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Fairview</i>		24D. LOCATION (City, town, or county) (State) <i>Roanoke Va</i>	
25. FUNERAL DIRECTOR <i>Harry H. Witzke</i>		ADDRESS <i>4101 Edmundson Ave</i>	

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25

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

0000



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

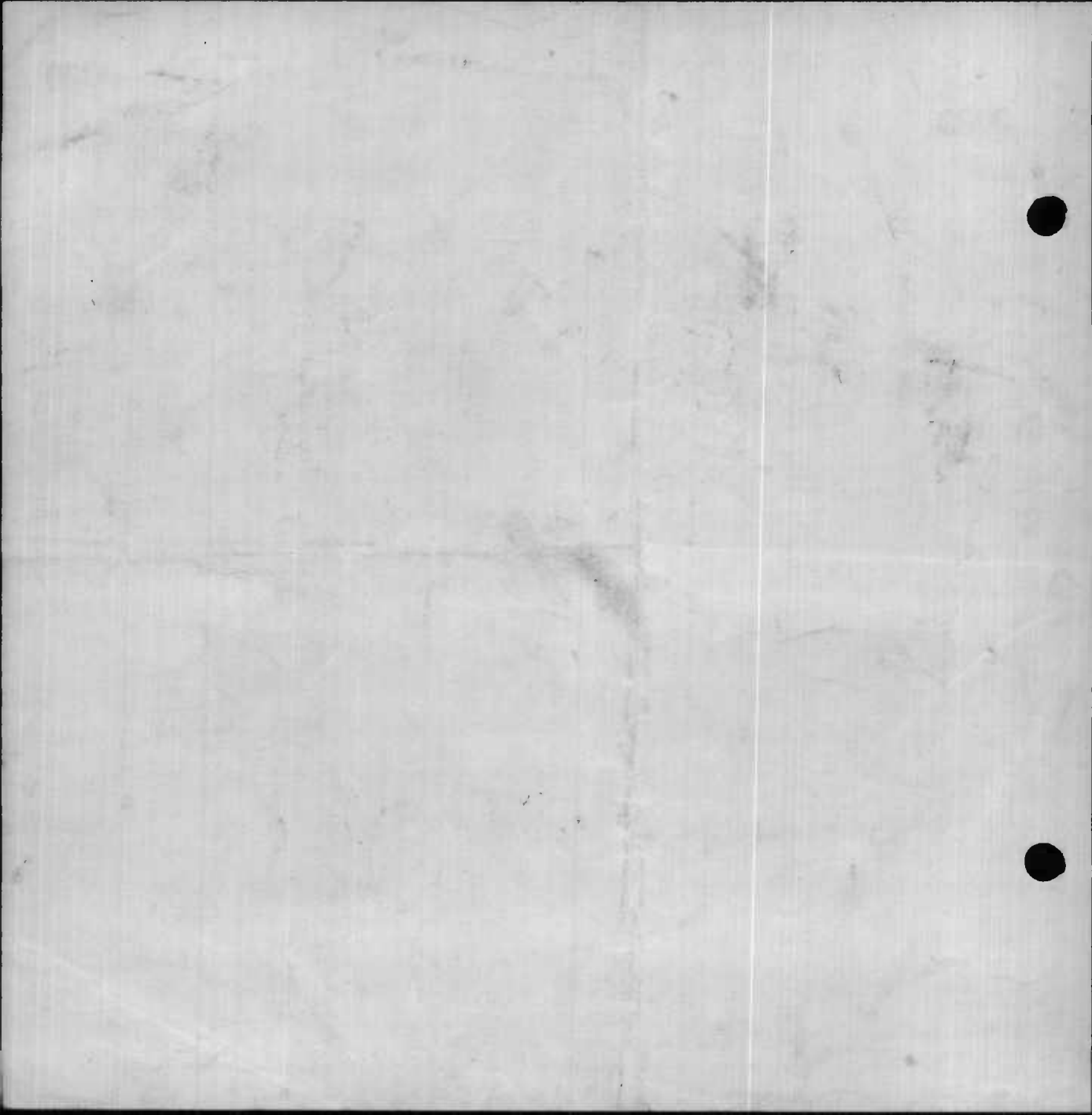
Reg. Dist. No. ....

PLACE OF DEATH- COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town)		Baltimore		CITY (If outside corporate limits, write RURAL and give nearest town)		Baltimore City	
STREET ADDRESS		5405 Elrod Ave.		STREET ADDRESS		5405 Elrod Ave.	
NAME OF DECEASED (Type or Print)		Bernard Joseph Barlage		4. DATE OF DEATH		Jan. 2 1952	
SEX		Male		6. COLOR OR RACE		White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		Married		8. DATE OF BIRTH		Jan. 22, 1882	
9. AGE last birthday		69 yrs.		10. KIND OF BUSINESS OR INDUSTRY		Gas & Electric Co.	
11. BIRTHPLACE (State or foreign country)		Balto. City		12. CITIZEN OF WHAT COUNTRY		U.S.A.	
FATHER'S NAME		Bernard Barlage Sr.		14. MOTHER'S MAIDEN NAME		Annie Ginter	
16. SOCIAL SECURITY No.		212-05-5619		17. INFORMANT AND ADDRESS		Bernard Barlage III 5405 Elrod Ave.	
18. MEDICAL CERTIFICATION							
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Congestive Cardiac Failure						4 days	
Antecedent cause(s) (b) Arteriosclerotic CVD							
OTHER SIGNIFICANT CONDITIONS (c)							
DATE OF OPERATION 1952							
19. MAJOR FINDINGS OF OPERATION							
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)							
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR?							
I hereby certify that I attended the deceased from 1-2-52 to 1-2-52, that I last saw the deceased alive on 1-2-52, and that death occurred at 6:50 P.M., from the causes and on the date stated above.							
SIGNATURE (Degree or title) ADDRESS DATE SIGNED							
Joseph R. Lina B.S. M.D. 8400 Loch Raven Blvd 1-2-52							
BURIAL CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)							
24. FUNERAL DIRECTOR ADDRESS							

JAN 3 - 1952

3505E

93D



52 0031

52 0031

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

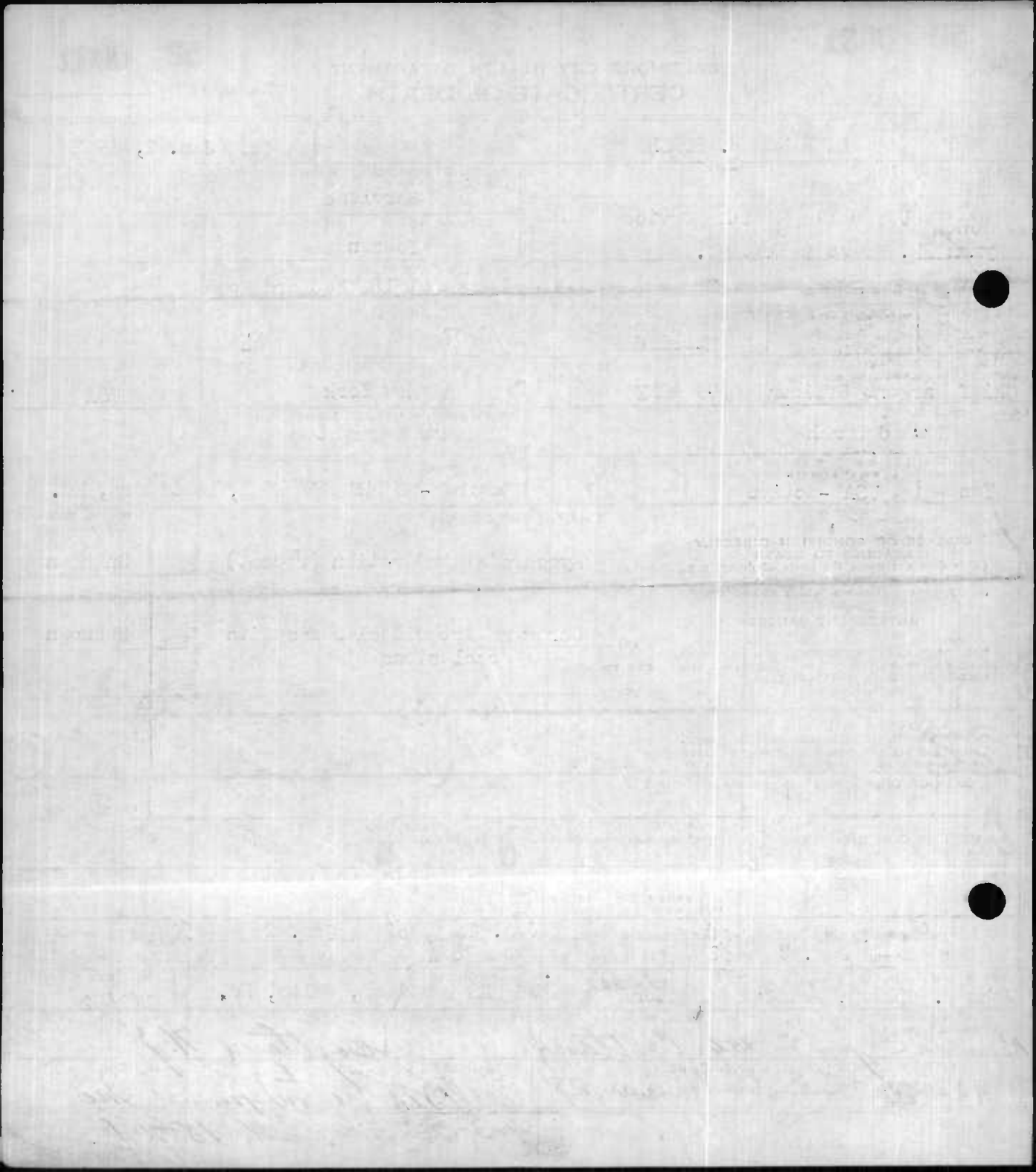
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>LAWRENCE H. BURCH</b>		2. DATE OF DEATH <b>Jan. 2, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Towson</b>	
D. STREET ADDRESS (If rural, give location) <b>1618 Thetford Road</b>			
5. SEX <b>M</b> 6. COLOR OR RACE <b>W</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>10/6/07</b> 9. AGE (In years last birthday) <b>44</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chief Warrant Officer</b>		11. BIRTHPLACE (State or foreign country) <b>New York</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>US ARMY</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Howard Burch</b>		14. MOTHER'S MAIDEN NAME <b>Martha Wright</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes USA -active</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT ADDRESS <b>Records-US PHS HOSPITAL, Baltimore, Md.</b>			

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial infarction (recent)</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary arteriosclerosis with occlusions</b> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b> <b>Unknown</b>
--	--	--

19A. DATE OF OPERATION <b>2/1</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>195200000300</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) (Minute) <b>195200000300</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Jan. 2, 1952</b> , to <b>Jan. 2, 1952</b> , that I last saw the deceased alive on <b>Jan. 2, 1952</b> , and that death occurred at <b>8 A. m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>John L. Wilson, Medical Director</b>		23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>		23C. DATE SIGNED <b>1/2/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24B. DATE <b>Jan 4-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Costland</b>	24D. LOCATION (City, town, or county) (State) <b>Costland N.Y.</b>	
25. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Carl B. Robertson Funeral Inc</b>		





52 0032

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0032  
Registered No.

30

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

AUGUST

J.

KRUTE

2. DATE  
OF  
DEATH

Jan. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospitals

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

male

white

Widow

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Motorman

10B. KIND OF BUSINESS OR  
INDUSTRY

Transportation

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
177-053454. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1532 Ingleside Avenue

8. DATE OF BIRTH

10-30-1877

9. AGE (In years  
last birthday)

74

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Sweden

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
177-05345

17. INFORMANT Catonsville, Md.

Siegfried W. Krute-1532 Ingleside Ave

18. E812.41

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Multiple fractures, lacerations and  
contusions

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

Road

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Pulaski Highway &amp; Old Philadelphia Rd.

21D. TIME (Month) (Day) (Year) (Hour)

2, 1951 about 11:00 P.M.

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR? Baltimore County

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunleavy, M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
Jan. 3, 195124A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR  
JAN 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mac Nabband Sons

VS 151

N-809.2

661 51 Catonsville, Md. 170c ✓

CERTIFICATE OF DEATH

State of New York

County of \_\_\_\_\_

City of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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100-1-100

52 0033

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0033  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Anna Picchocka Hartman

2. DATE  
OF  
DEATH

1-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2643 Chesterfield Ave.

5. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

6. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Housewife

13. FATHER'S NAME

Michael Picchocka

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

7-26-93

9. AGE (in years  
last birthday)

58

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Josephine Lenorska

17. INFORMANT

Henry Hoffman

ADDRESS

2643 Chesterfield Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Lymphosarcoma

DUE TO

10 mos.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-20-51

19B. MAJOR FINDINGS OF OPERATION

Retroperitoneal lymphosarcoma involving small bowel also

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED ☒  
WHILE AT NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9, 1951, to 1-3, 1952, that I last saw the  
deceased alive on 1-3, 1952, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William D. Lynn

M. D.

23B. ADDRESS

114 Medical Arts Bldg.

23C. DATE SIGNED

1-3-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Burial

1-7-51

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore - Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

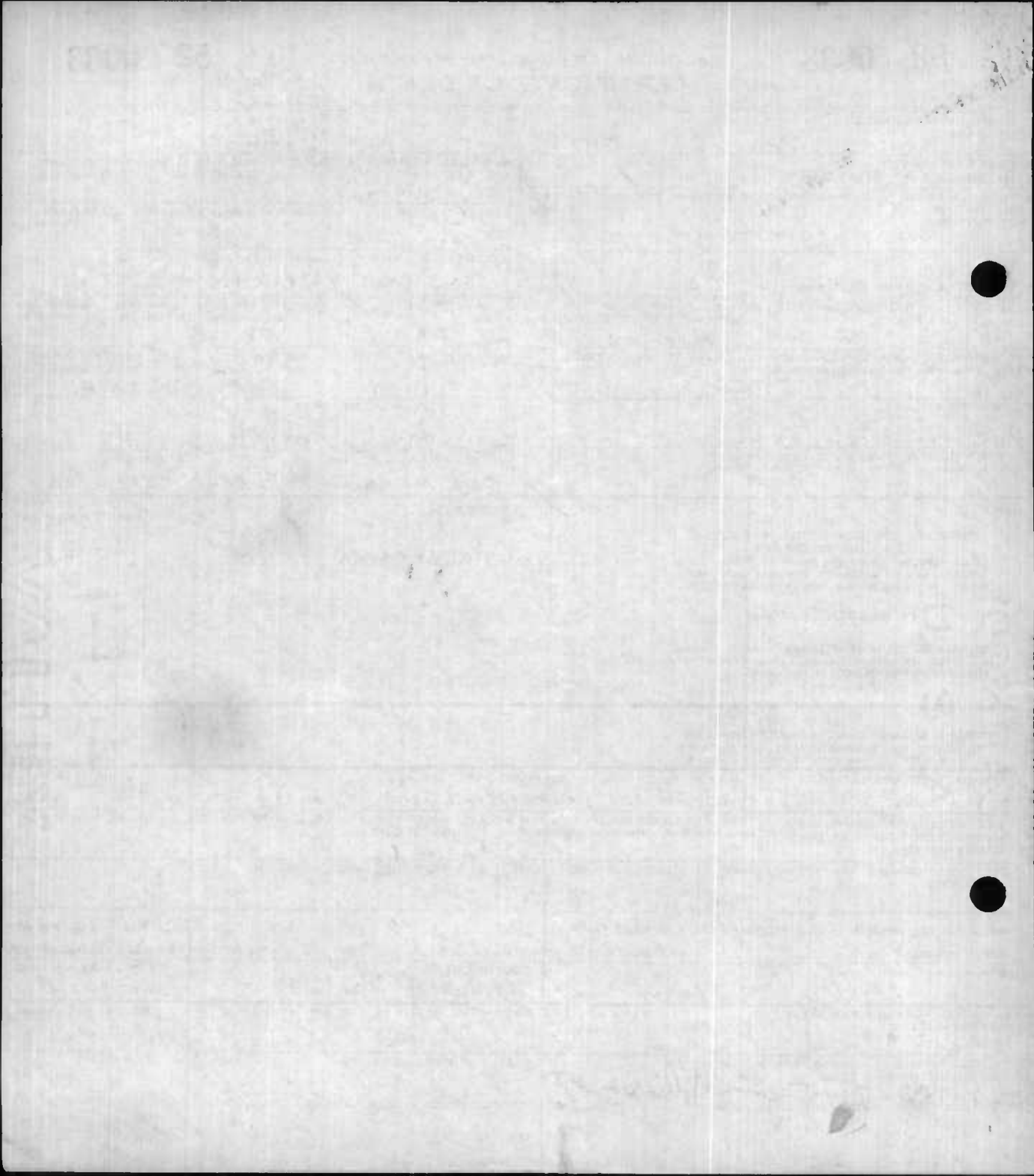
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Lilly &amp; Zeln - 403 S. Wolfe

ADDRESS



52 0034

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0034

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ABRAHAM

MELTZER

2. DATE  
OF  
DEATH Jan. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 6-02

c. Length of stay in Baltimore

Life Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

2500 E. Baltimore Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

54

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR  
INDUSTRY

Transfer business

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Harris

14. MOTHER'S MAIDEN NAME

Munn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Meltzer - Same

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary artery disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 3, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

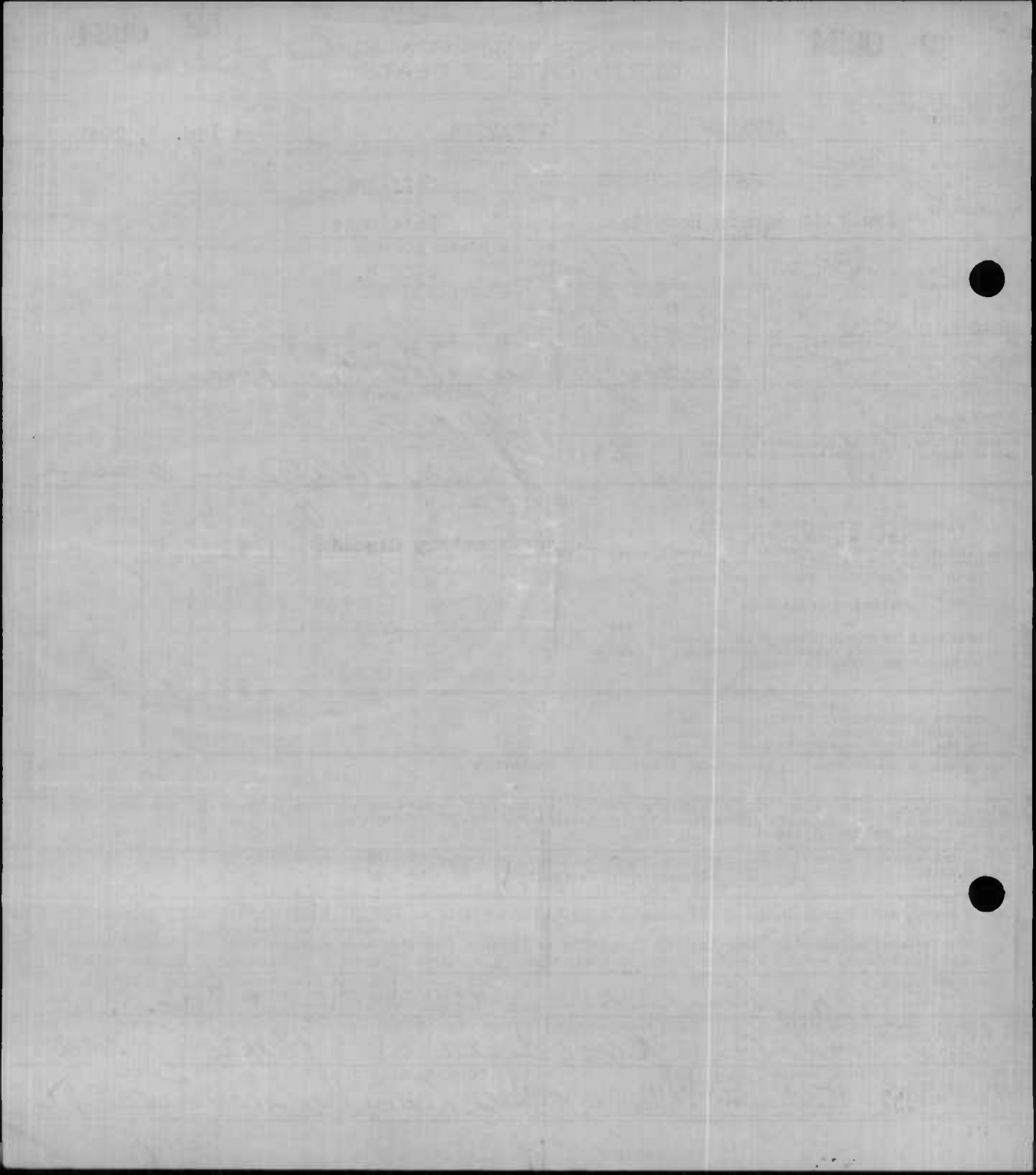
JAN 4 - 1952

Huntington Williams, M. Jack Lewis Inc 2100 Eutan Pl

VS 151

29082

94a ✓





52 0035

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0035

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

STELLA (BELLA) FISHER

2. DATE  
OF  
DEATH

Jan. 3, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or  
location)

Lutheran Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

6. STREET ADDRESS (If rural, give location)

4150 Pimlico Road

c. Length of stay in Baltimore

28

Yrs.  
Mos.  
Days5. SEX  
female6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH

9. AGE (In years  
last birthday)

46

H Under 1 Year  
Months: DaysH Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Of kind of  
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Nathan

14. MOTHER'S MAIDEN NAME

Ida Gylent

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Jacob Fisher - same

18. E 974 X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Asphyxiation due to hanging

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
home21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

4150 Pimlico Road

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

3, 1951-found 8:00A.M.

21e. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☒

21f. HOW DID INJURY OCCUR?

Hanged by rope

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23a. SIGNATURE

R. B. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

Jan. 3, 1952

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

1-4-52

24c. NAME OF CEMETERY OR CREMATORY

Rosedale

24d. LOCATION (City, town, or county)

Balt

(State)

Md

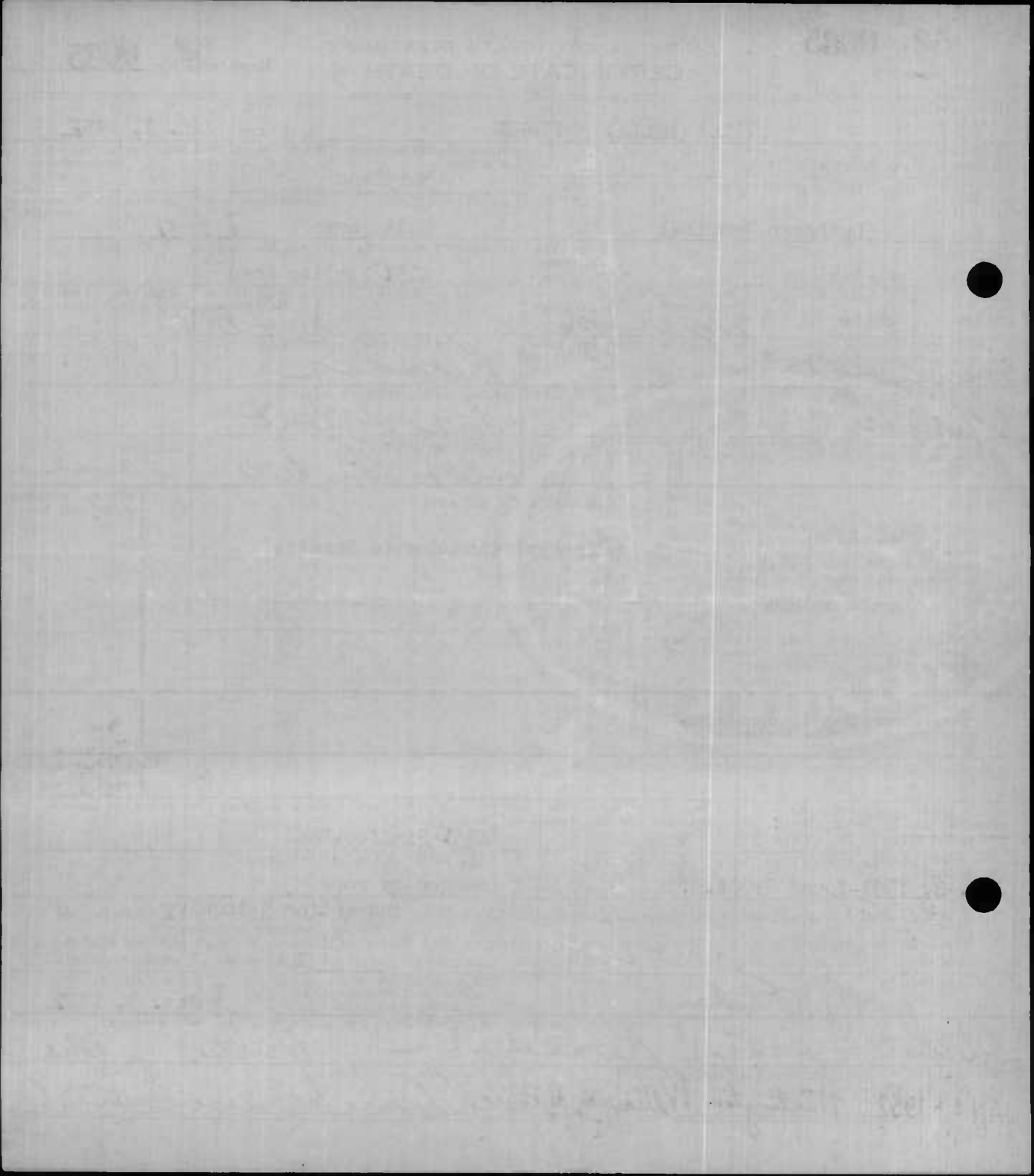
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Jack Lewis Inc 2100 Eutan Pl

25. FUNERAL DIRECTOR

ADDRESS



52 0036

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0036  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH ROBERTS

2. DATE  
OF  
DEATH

Jan. 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3406 Elgin Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3308 Elgin Ave.

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

female

white

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Frank N. W. Smith

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Amelia C. Ortt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Madeline Robinson-4901 Parkton Rd.

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

P

P

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY

23. INJURY OCCURRED

24. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from Dec 24, 1951, to Jan 3, 1952, that I last saw the deceased alive on Dec 31, 1951, and that death occurred at 3A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/5/52

Holy Redeemer Cem.

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 4 - 1952

Huntington Williams, M.D.

Wm. J. Pickner &amp; Son - Balto Md.

VS 150

932

Q18

RAILROADS OF THE UNITED STATES  
DEPARTMENT OF COMMERCE

Q19

It is the policy of the  
Department to encourage  
the construction of  
new lines and the  
improvement of  
existing ones.

—

Very truly yours,  
John D. Long  
Secretary

82 52 0037

52 0037

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Ida Skul (Ida Schul) (Helen Mazinska) (Malinska)

2. DATE  
OF  
DEATH

Jan. 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION(If not in hospital or institution, give street address or location)  
Baltimore City Hospitals  
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1028 E. Lombard St.

5. Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 12, 1893

Aug. 12, 1893

9. AGE (In years

last birthday)

58

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

?

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

?

?

14. MOTHER'S MAIDEN NAME

Eva Ezeckies (Eva Czeckies)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.17. INFORMANT Baltimore City Hospitals  
Records 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-vascular disease

DUE TO

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORKNOT WHILE  
AT WORK22. I hereby certify that I attended the deceased from 12-26, 1951 to 1-2, 1952, that I last saw the  
deceased alive on 1-2, 1952, and that death occurred at 8:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

4940 Eastern Avenue

1-3-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 4 - 1952

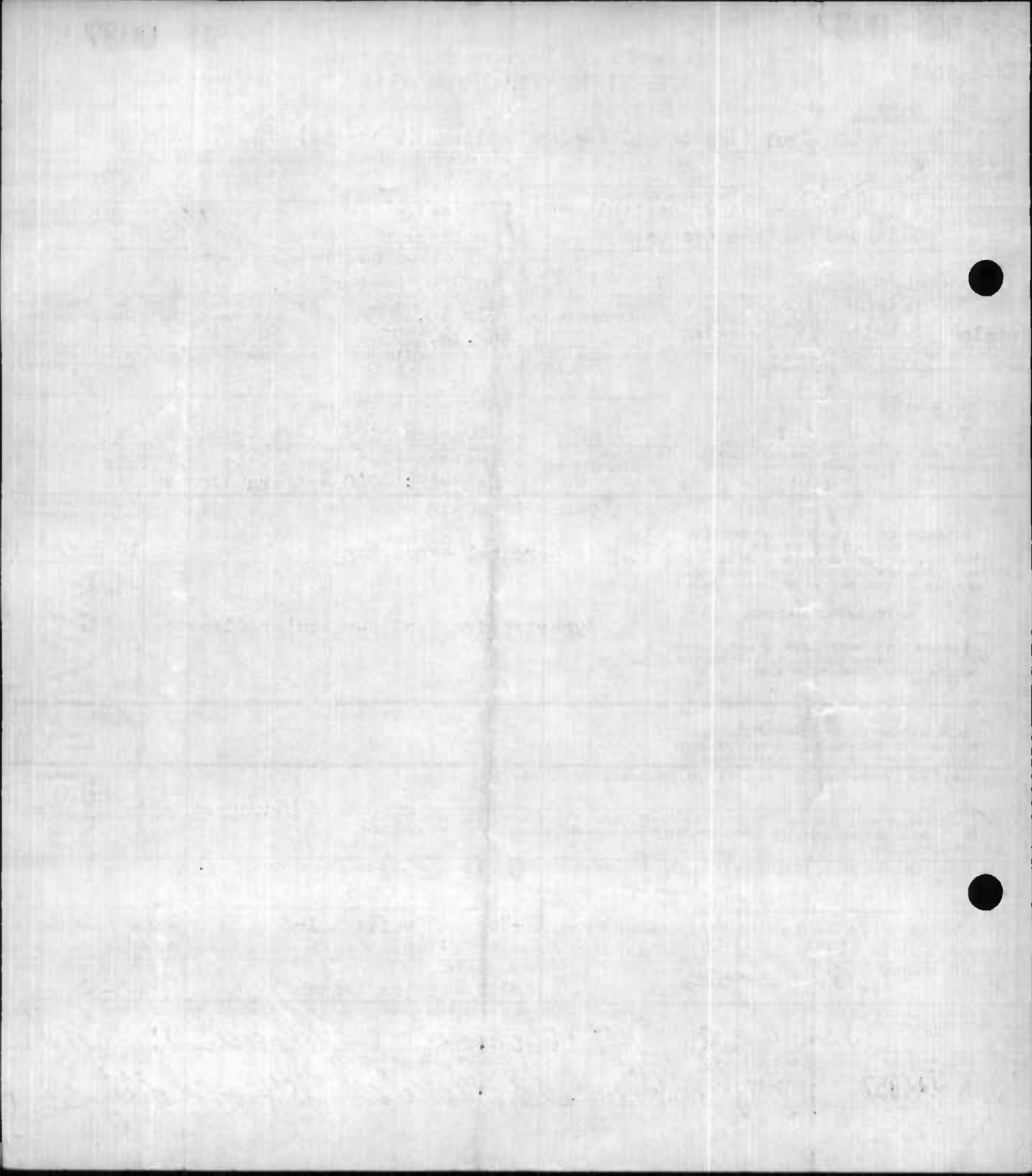
Huntington Williams, M. D.

25. FUNERAL DIRECTOR

ADDRESS

VS 150

937





52 0038

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

MARY ANNA SCHEDEL

2. DATE  
OF  
DEATH

January 1, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland 543 N. Luzerne Ave.

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md. B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 7-02

D. STREET ADDRESS (If rural, give location)

543 N. Luzerne Ave.

Length of stay in Baltimore life Yrs. Mos. Days

5. SEX female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH

March 4, 1883

9. AGE (In years last birthday)

68

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Starkey

14. MOTHER'S MAIDEN NAME

Theresa Hillenbrand

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
no16. SOCIAL SECURITY NO.  
no

17. INFORMANT

ADDRESS

George Schedel, son, 342 W. 29th St.

18. 174X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) *Generalized carcinoma*  
DUE TO(B) *Cx of uterus*  
DUE TO

(C) \_\_\_\_\_

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Nov. 1948

19B. MAJOR FINDINGS OF OPERATION

Ca cervix

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

22E. INJURY OCCURRED

22F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/2/52, 19, to 1/1/52, 19, that I last saw the deceased alive on 1/1/52, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

4430 Belair Rd., Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

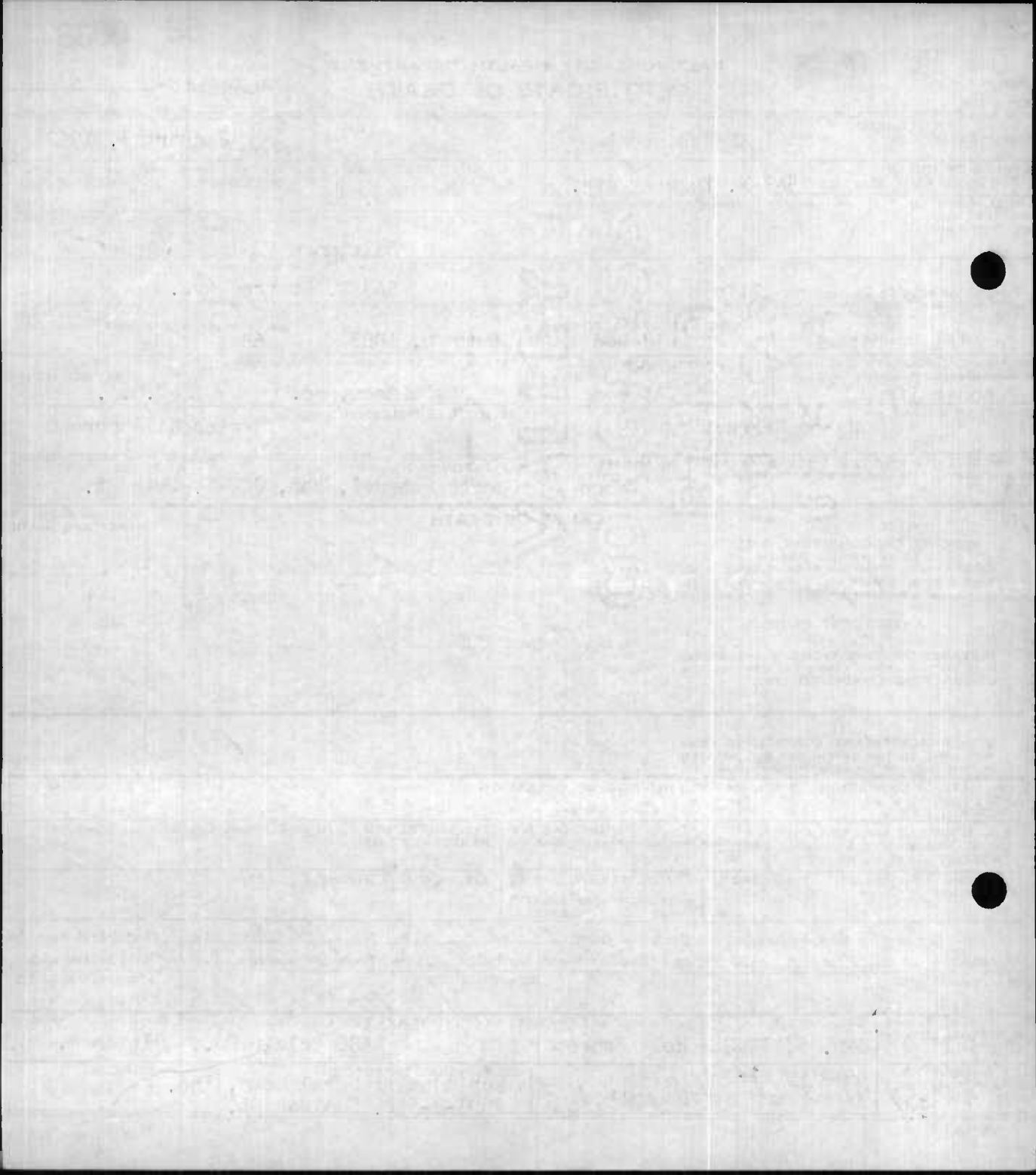
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Schimunek Funeral Home, Inc.  
2601-3-5 E. Madison St.



55  
52 0039BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0039

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Cora A. Huffman</i>		2. DATE OF DEATH <i>1-1-1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>16-02</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1516 W. Lafayette Ave.</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>Col.</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>Dec. 12, 1895</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		12. AGE (In years, last birthday) <i>56</i>	
13. FATHER'S NAME <i>William Beasley</i>		14. BIRTHPLACE (State or foreign country) <i>Pengemount N.C.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>Cora</i>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		20. ADDRESS <i>Georgia Dixon 1516 W. Lafayette Ave.</i>	
21. ANTECEDENT CAUSES		22. CAUSE OF DEATH <i>Diabetic Coma</i>	
23. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		24. INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>cerebral arteriosclerosis</i>		26. 7 yrs.	
27. DATE OF OPERATION <i>0</i>		28. MAJOR FINDINGS OF OPERATION	
29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
30. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		31. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
32. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		33. 21D. HOW DID INJURY OCCUR?	
34. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
35. I hereby certify that I attended the deceased from <i>September, 1949</i> to <i>January 1, 1952</i> , that I last saw the deceased alive on <i>January 1, 1952</i> , and that death occurred at <i>10:45 m.</i> , from the causes and on the date stated above.			
36. SIGNATURE <i>James M. Pair</i>		37. ADDRESS <i>400 N. Conestoga St.</i>	
38. DATE SIGNED <i>1.3.52</i>			
39. 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		40. 24B. DATE <i>1/4/1952</i>	
41. 24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial</i>		42. 24D. LOCATION (City, town, or county) <i>Md.</i>	
43. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 4 1952</i>		44. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
45. FUNERAL DIRECTOR <i>Mrs. Katie R. Williams</i>		46. ADDRESS <i>322 N. Schroeder St.</i>	

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of official	
13. Signature of official		14. Signature of official		15. Signature of official		16. Signature of official	
17. Signature of official		18. Signature of official		19. Signature of official		20. Signature of official	
21. Signature of official		22. Signature of official		23. Signature of official		24. Signature of official	
25. Signature of official		26. Signature of official		27. Signature of official		28. Signature of official	
29. Signature of official		30. Signature of official		31. Signature of official		32. Signature of official	
33. Signature of official		34. Signature of official		35. Signature of official		36. Signature of official	
37. Signature of official		38. Signature of official		39. Signature of official		40. Signature of official	
41. Signature of official		42. Signature of official		43. Signature of official		44. Signature of official	
45. Signature of official		46. Signature of official		47. Signature of official		48. Signature of official	
49. Signature of official		50. Signature of official		51. Signature of official		52. Signature of official	
53. Signature of official		54. Signature of official		55. Signature of official		56. Signature of official	
57. Signature of official		58. Signature of official		59. Signature of official		60. Signature of official	
61. Signature of official		62. Signature of official		63. Signature of official		64. Signature of official	
65. Signature of official		66. Signature of official		67. Signature of official		68. Signature of official	
69. Signature of official		70. Signature of official		71. Signature of official		72. Signature of official	
73. Signature of official		74. Signature of official		75. Signature of official		76. Signature of official	
77. Signature of official		78. Signature of official		79. Signature of official		80. Signature of official	
81. Signature of official		82. Signature of official		83. Signature of official		84. Signature of official	
85. Signature of official		86. Signature of official		87. Signature of official		88. Signature of official	
89. Signature of official		90. Signature of official		91. Signature of official		92. Signature of official	
93. Signature of official		94. Signature of official		95. Signature of official		96. Signature of official	
97. Signature of official		98. Signature of official		99. Signature of official		100. Signature of official	

52 0040

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0040  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mt. Frank L. Gorman

2. DATE  
OF  
DEATH

1/3/52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

BON SECOURS Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE B. COUNTY

2819 Mosher St. Balto. 16, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 16, MARYLAND

D. STREET ADDRESS (If rural, give location)

2819 Mosher st.

5. Length of stay in Baltimore

71

Yrs.  
Mos.  
Days

6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Male

White

Married

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

F. A. Davis Co

9. FATHER'S NAME

John J. Gorman

8. DATE OF BIRTH

9/24/80

9. AGE (in years last birthday)

71

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Lally Gorman

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mrs. Francis L. Gorman  
2819 Mosher St.

18. 331X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROSIS

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from February 3, 1952, to Jan. 3, 1952, that I last saw the deceased alive on Jan. 3, 1952, and that death occurred at 12 noon, from the causes and on the date stated above.

23A. SIGNATURE

Davis Ugate

23B. ADDRESS

M. D.

Bon Secours Hospital

23C. DATE SIGNED

1/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/5/52

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 4 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W. Meares Low 84 N. Calvert St.

1000

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52 0041

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0041

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

JOHN NOLAN

2. DATE  
OF  
DEATH

1/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1728 S. HIGHLAND AVE

5. Length of stay in Baltimore

6. SEX  
M. W. 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

SILVER BURNER SERVICE HELPER

3. FATHER'S NAME

JACK NOLAN

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

MAY 7-1897

9. AGE (In years  
last birthday)

54

11. Under 1 Year  
Months: Days12. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

ELIZABETH HUBER

17. INFORMANT

ADDRESS

WIFE 1728 S. HIGHLAND AVE

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary arteriosclerosis

Hypertensive Cardiovascular  
diseaseINTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20, 1951, to 1-2, 1952 that I last saw the  
deceased alive on 12-27, 1951, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

1-7-52

MT. CARMEL

BALTIMORE MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 4 - 1952

Hester J. Williams, M.D.

Laura F. Hoffman 1637 Broadway

VS 150

690 84

937





52 52 0042

2

52 0042

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Valenzia, Mary

2. DATE

OF

DEATH January 2, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

46 years

6. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

Joseph Valenzia

10. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(es, no or unknown) (If yes, give war or dates of service)11. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

742 Pennsylvania Ave.

8. DATE OF BIRTH

Nov 20 - 1884

9. AGE (in years  
last birthday)

67

10. Under 1 Year  
Months: Days

2 12

11. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Italy

12. MOTHER'S MAIDEN NAME

Nunzia Danton

13. INFORMANT

ADDRESS

Mary Valenzia 742 Penna Ave

18. 443 X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular dis-

DUE TO

(C) ease

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from December 31, 1951 to January 2, 1952, that I last saw the  
deceased alive on Jan. 2, 1952, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

1400 N. Caroline St.

Jan. 2, 1952

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 4 - 1952

Burial Jan. 5 - 1952 New Cathedral Cemetery Old Frederick Rd. Balto. Md.

Joseph L. Lacey Inc. 2013 Greenmount Ave

2

**BALTIMORE CITY HEALTH DEPARTMENT**  
**CERTIFICATE OF DEATH**

52 0043  
Registered No. \_\_\_\_\_

BIRTH NO. 51-07795-

1. NAME OF DECEASED  
(Type or Print) Colvert, Anthony.

2. DATE OF DEATH Jan 2, 1951

3. PLACE OF DEATH:  
Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Md  
B. COUNTY Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION Univ. Hosp.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Rosemont Md 27

7. STREET ADDRESS (If rural, give location)  
3924 Baltimore Street

8. DATE OF BIRTH April 6-1951

9. AGE (in years last birthday) 8 26

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

11. BIRTHPLACE (State or foreign country) Baltimore Md

12. CITIZEN OF WHAT COUNTRY? ✓

13. FATHER'S NAME John W. Colvert

14. MOTHER'S MAIDEN NAME Mary Leo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 491X  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
Bronchiolitis  
CAUSE OF DEATH  
(A) DUE TO  
(B) DUE TO  
(C) DUE TO  
INTERVAL BETWEEN ONSET AND DEATH  
1 wk.

19. DATE OF OPERATION 2

20. AUTOPSY?  
YES ☒ NO ☐

21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

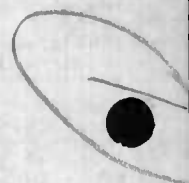
22. I hereby certify that I attended the deceased from Dec 31<sup>st</sup>, 1950, to Jan 2, 1951, that I last saw the deceased alive on Jan 2, 1951, and that death occurred at m., from the causes and on the date stated above.

23. SIGNATURE James E. Deane M. O. Univ. Hosp. Balt. Md

24. BURIAL, CREMATION, REMOVAL (Specify)

25. FUNERAL DIRECTOR ADDRESS

VS 150



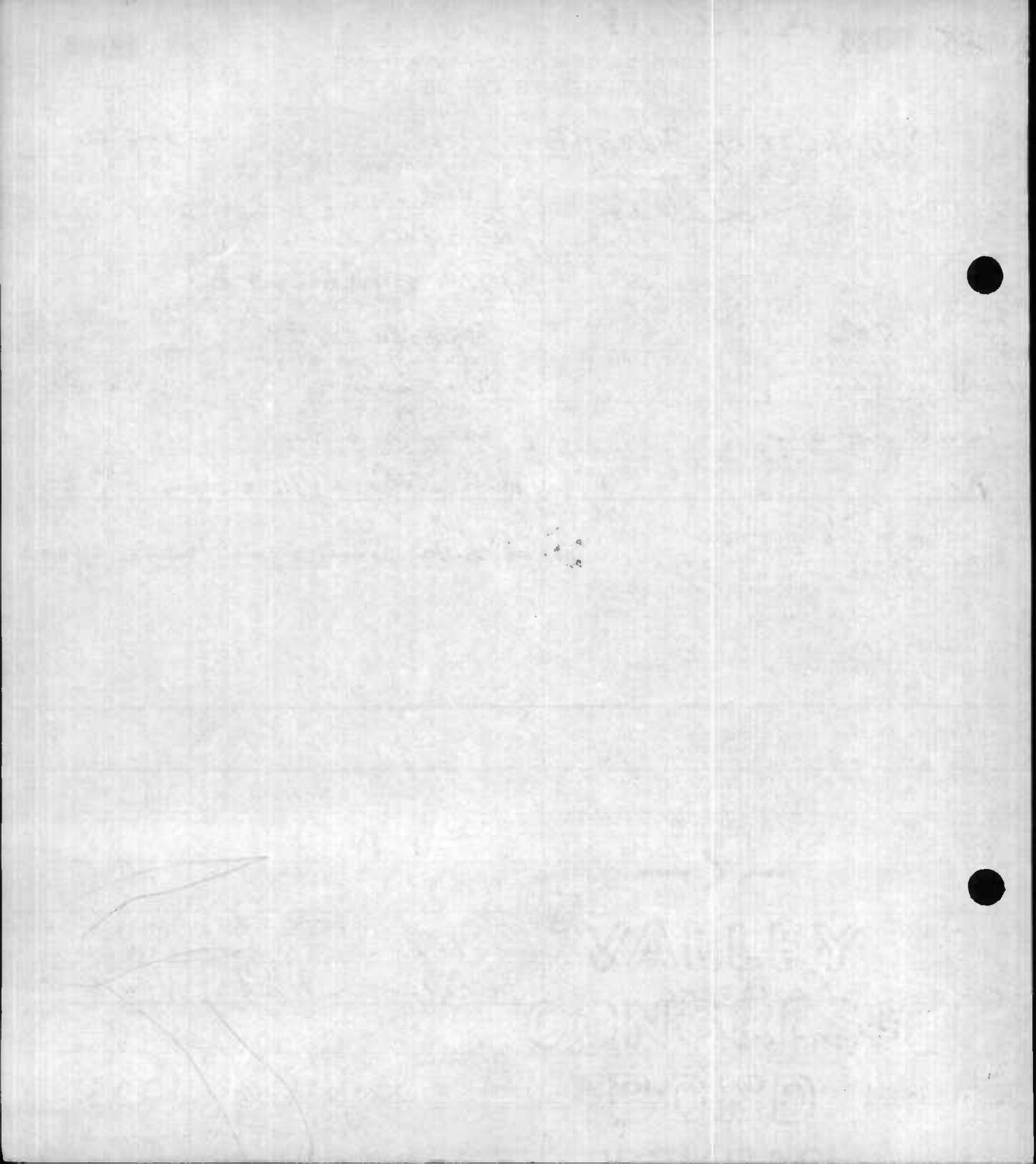
5 620 0044

52 0044

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>CHARLOTTE GUNNER</b>		2. DATE OF DEATH <b>1-3-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1718 n. Mount St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>15-02</b>	
6. Length of stay in Baltimore <b>7 years.</b>		D. STREET ADDRESS (If rural, give location) <b>1718 n. Mount St.</b>	
7. SEX <b>F</b>	8. COLOR OR RACE <b>col</b>	9. AGE (In years last birthday) <b>1868, April 16 83</b>	10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>w</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>unknown</b>		14. MOTHER'S MAIDEN NAME <b>unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>5</b>	
17. INFORMANT <b>Julia Collins</b>		ADDRESS <b>1718 n. Mount St.</b>	
18. <b>442 X 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cardiovascular renal disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1718 n. Mount St.</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>1718 n. Mount St.</b>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3-20-1951</b> , to <b>1-3-52</b> , 19____, that I last saw the deceased alive on <b>1-3-1952</b> , and that death occurred at <b>1:30 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>George C. Page</b>		23B. ADDRESS <b>1816 n. Mount St.</b>	
23C. DATE SIGNED <b>1-4-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>1/7/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Orange</b>	24D. LOCATION (City, town, or county) (State) <b>Orange, Va.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1952</b>	REGISTRAR'S SIGNATURE <b>William Williams</b>	25. FUNERAL DIRECTOR <b>Geo. H. Nelson</b> ADDRESS <b>1303 Presstman St</b>	





5252 0045

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0045  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>George Robinson</i>		2. DATE OF DEATH <i>Jan 2, 1952</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Balto</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1126 E. Lexington St</i>		6. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Balto</i>	
7. Length of stay in Baltimore <i>Life</i>		8. STREET ADDRESS (If rural, give location) <i>1126 E. Lexington St</i>	
9. SEX <i>m</i>	10. COLOR OR RACE <i>C</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	12. DATE OF BIRTH <i>Aug 1, 1902</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		14. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
15. FATHER'S NAME <i>Lloyd Robinson</i>		16. MOTHER'S MAIDEN NAME <i>Josephine Rainbow</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		18. SOCIAL SECURITY NO. <i>?</i>	
19. ADDRESS <i>Grace Coates 2025 N. Fulton Ave</i>		20. CAUSE OF DEATH <i>Gastrointestinal Carcinoma</i>	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>159X</i>		22. INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	
25. DATE OF OPERATION <i>0</i>		26. MAJOR FINDINGS OF OPERATION	
27. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		28. DATE OF OPERATION	
29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg, etc.)		30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
31. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY		32. INJURY OCCURRED	
33. HOW DID INJURY OCCUR?		34. DATE OF OPERATION	
35. I hereby certify that I attended the deceased from <i>16 Dec</i> , 19 <i>51</i> , to <i>2 Jan</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Jan</i> , 19 <i>52</i> , and that death occurred at <i>5:15 p.m.</i> , from the causes and on the date stated above.		36. DATE OF OPERATION	
37. SIGNATURE <i>A. C. Burwell</i>		38. ADDRESS <i>151 Airquith St</i>	
39. DATE OF OPERATION		40. DATE SIGNED <i>4 Jan 52</i>	
41. BURIAL, CREMATION, REMOVAL (Specify)		42. DATE	
43. NAME OF CEMETERY OR CREMATORY		44. LOCATION (City, town, or county) (State)	
45. DATE RECEIVED BY LOCAL REGISTRAR		46. REGISTRAR'S SIGNATURE <i>William Williams</i>	
47. FUNERAL DIRECTOR		48. ADDRESS	
49. <i>Geo. H. Nelson</i>		50. <i>46 M</i>	
51. <i>820 10</i>		52. <i>1303 Presstman St</i>	

Liberty National Bank

1000 2000 3000 4000 5000

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300 52 0046

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0046  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>TINY GOODE</b>		2. DATE OF DEATH <b>1-3-52</b>	
3. PLACE OF DEATH: Baltimore City, Maryland <b>Baltimore Md.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <b>1532 N. Gilmer St.</b> INSTITUTION		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
7. LENGTH OF stay in Baltimore <b>10 yrs.</b> Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) <b>1532 N. Gilmer St.</b>	
9. SEX <b>F.</b>	10. COLOR OR RACE <b>Col.</b>	11. DATE OF BIRTH <b>1868</b>	12. AGE (In years last birthday) Months Days Hours Min. <b>83</b>
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>		14. BIRTHPLACE (State or foreign country) <b>N.C.</b>	
15. USUAL OCCUPATION (Give kind of work done during most of work in life, even if retired) <b>Housewife</b>		16. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
17. FATHER'S NAME <b>unknown</b>		18. MOTHER'S MAIDEN NAME <b>unknown</b>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		20. SOCIAL SECURITY NO. <b>3</b>	
21. INFORMANT <b>Clarebell Talley</b>		22. ADDRESS <b>1532 N. Gilmer St.</b>	
23. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO ANTECEDENT CAUSES <b>Hypertension</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>2 yrs.</b> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <b>4 days.</b>		24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
25. DATE OF OPERATION <b>0</b>		26. MAJOR FINDINGS OF OPERATION	
27. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		29. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) <b>1952 000000</b>	
30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		31. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) <b>1-2-52 1952 000000</b>	
32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		33. HOW DID INJURY OCCUR?	
34. I hereby certify that I attended the deceased from <b>8-16-1937</b> , to <b>1-3-52</b> , 19__, that I last saw the deceased alive on <b>1-2-52</b> , 19__, and that death occurred at <b>2:30 a.m.</b> , from the causes and on the date stated above.			
35. SIGNATURE <b>George C. Page</b>		36. ADDRESS <b>1816 N. Mount St.</b>	
37. DATE SIGNED <b>1-4-52</b>			
38. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		39. DATE <b>1/6/52</b>	
40. NAME OF CEMETERY OR CREMATORY <b>Norlina</b>		41. LOCATION (City, town, or county) (State) <b>Norlina N.C.</b>	
42. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1952</b>		43. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
44. FUNERAL DIRECTOR <b>Geo. H. Nelson</b>		45. ADDRESS <b>1303 83a Presstman St</b>	

MEDICAL CERTIFICATE

VALLEY

CONGRES

BORIO

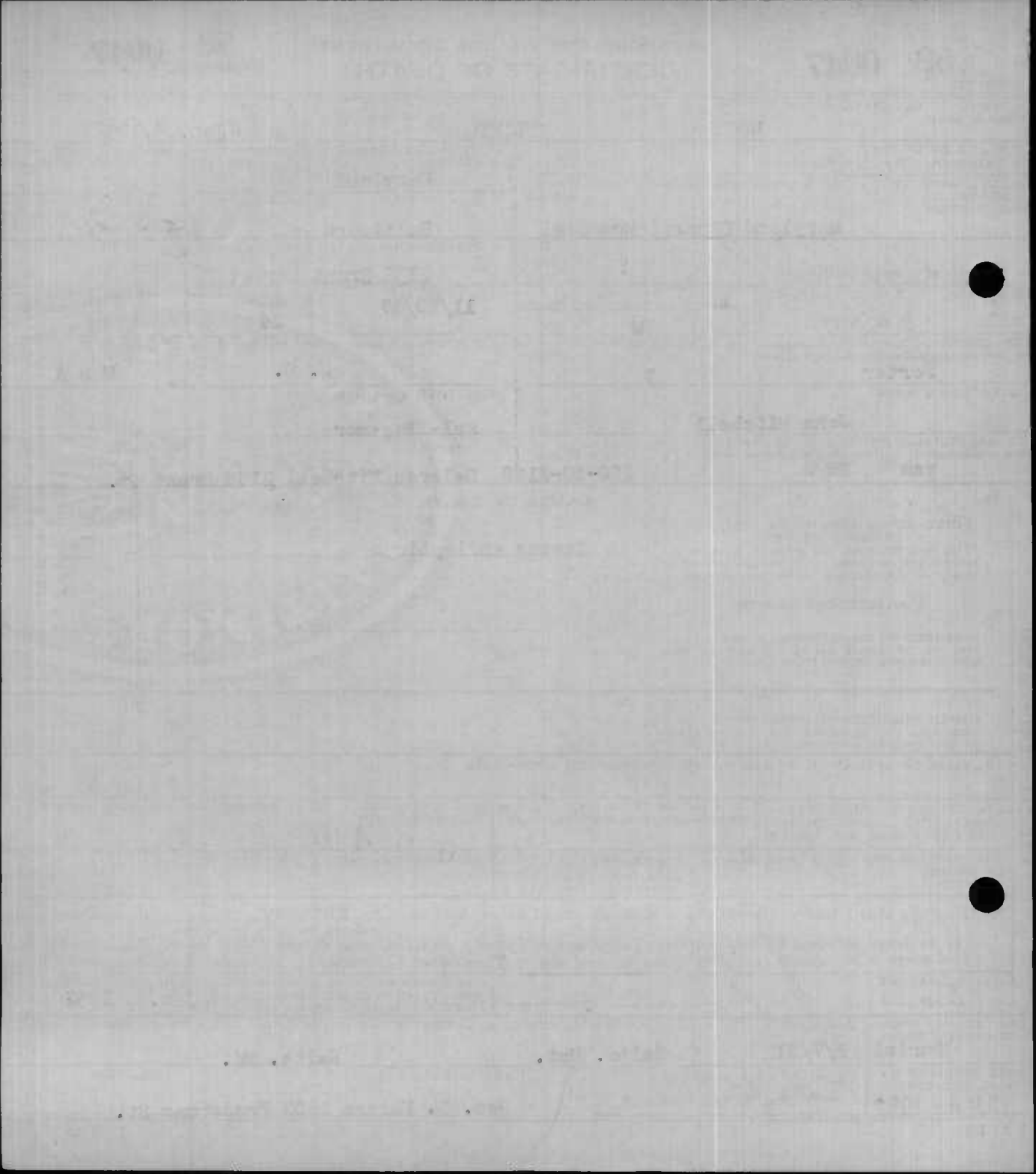
OTZENS

U.S. A.

324 52 0047

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0047  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		JAMES MITCHELL		Jan. 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2138 Brunt Street			
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	B. DATE OF BIRTH 11/20/27	9. AGE (In years last birthday) 24	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10B. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) N. C.		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME John Mitchell		14. MOTHER'S MAIDEN NAME Eula Bazemore			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes WW#2		16. SOCIAL SECURITY NO. 220-20-3120		17. INFORMANT ADDRESS Delores Mitchell 2138 Brunt St.	
1B. 353.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Status epilepticus DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 0046	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Dineen		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER		23C. DATE SIGNED Jan. 3, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/7/51		24C. NAME OF CEMETERY OR CREMATORY Balto. Nat.	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Geo. G. Kelson 1303 Presstman St.		ADDRESS	





0048

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0048  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Charles Howard Thompson</i>			2. DATE OF DEATH <i>Jan. 1 at 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>6603 O'Donnell St.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>B. COUNTY</i> <i>6603 O'Donnell St. Balts Md.</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 26-35</i>		
6. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>6603 O'Donnell St.</i>		
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>April 2-1899</i>	11. AGE (In years last birthday) <i>52</i>	12. Under 1 Year Months: Days <i>11</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Bldg. Stud. &amp; S.P.</i>		
13. FATHER'S NAME <i>Frederick Thompson</i>			14. MOTHER'S MAIDEN NAME <i>Mary E. Chaney</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Mrs. Hilda Thompson</i>			ADDRESS <i>6603 O'Donnell St. Balts.</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>coronary thrombosis with infarction</i> DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>50 days</i>
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19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>0</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov</i> , 19 <i>51</i> , to <i>Jan 1, 1952</i> , that I last saw the deceased alive on <i>Dec 26</i> , 19 <i>51</i> , and that death occurred at <i>m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harry Gilbert</i>		23B. ADDRESS <i>6006 Eastern</i>		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/5/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>	
24D. LOCATION (City, town, or county) <i>Balto.</i>		24E. STATE <i>Md.</i>		24F. FUNERAL DIRECTOR <i>John G. Connelley</i>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 4 - 1952</i>		24H. REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>		24I. ADDRESS <i>East</i>	





000

BIRTH NO. 0049

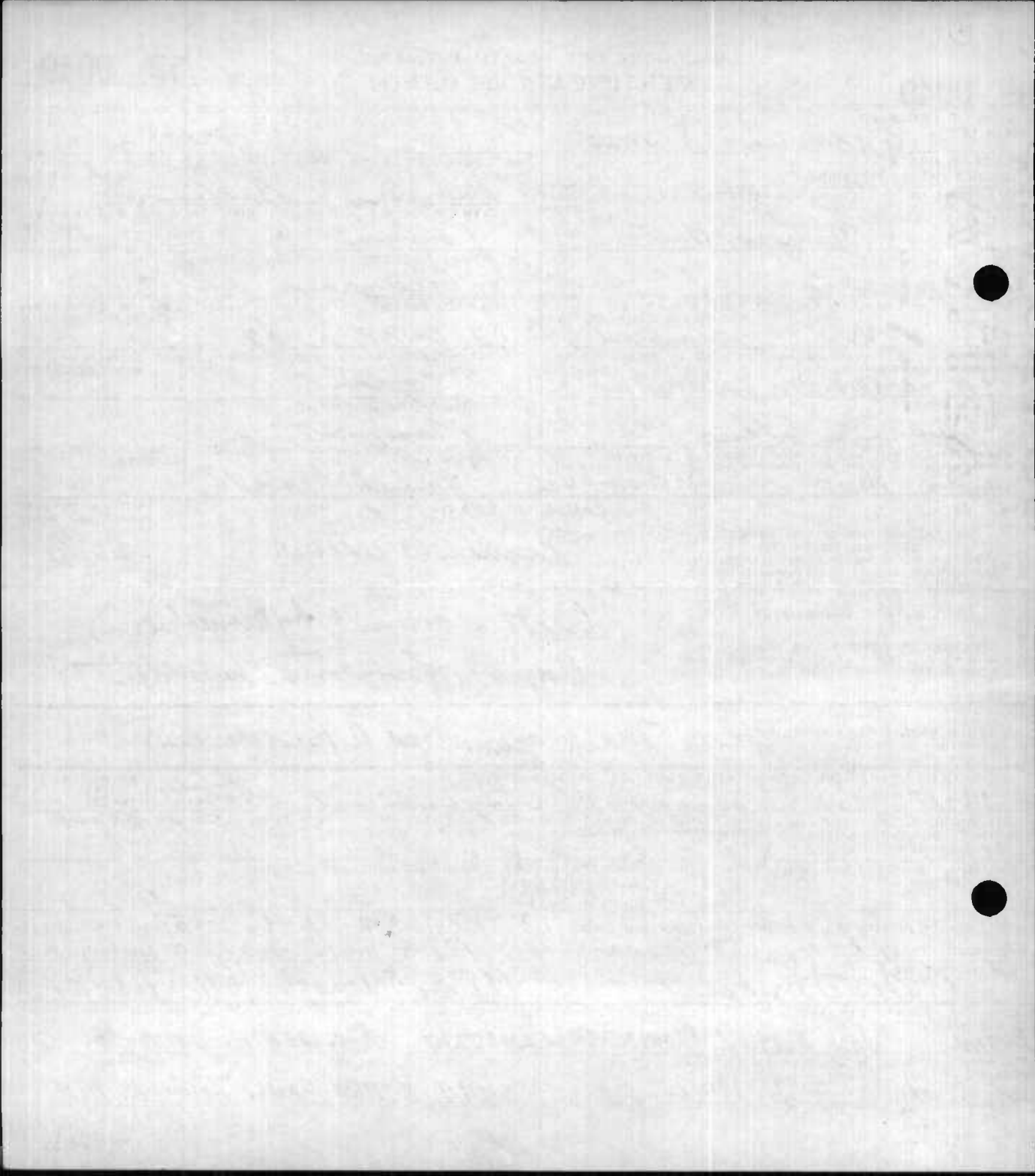
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0049

1. NAME OF DECEASED (Type or Print) <b>GRANVILLE S. SHUE</b>		2. DATE OF DEATH <b>1-1-52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Union Memorial Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Towson - 4 5300</b>	
6. Length of stay in Baltimore <b>14</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>Greenpasture Dr.</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	10. DATE OF BIRTH <b>3-5-77</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None - Carpenter</b>		12. AGE (in years last birthday) <b>74</b>	
13. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		14. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. FATHER'S NAME <b>Ephraim Shue</b>		16. CITIZEN OF WHAT COUNTRY? <b>United States</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Unknown - NONE</b>		18. SOCIAL SECURITY NO. <b>217-03-9426</b>	
19. MOTHER'S MAIDEN NAME <b>Mary Steiner</b>		20. INFORMANT <b>Family Record</b>	
21. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Terminal uremia</b> DUE TO II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Urethral obstruct, hydronephrosis</b> DUE TO <b>Cd. of prostate &amp; metastases</b> DUE TO <b>Mark generalized Arteriosclerosis</b>		22. INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
24. DATE OF OPERATION <b>12-17-51</b>	25. MAJOR FINDINGS OF OPERATION <b>Carcinoma of prostate, intestinal obstruction</b>		26. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>5520 N. 2nd St.</b>	29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>5520 N. 2nd St.</b>	
30. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>12-17-51</b>	31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	32. HOW DID INJURY OCCUR? <b>fall</b>	
33. I hereby certify that I attended the deceased from <b>12-17</b> , 19 <b>51</b> , to <b>1-1</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1-1</b> , 19 <b>52</b> , and that death occurred at <b>12:00 a.m.</b> , from the causes and on the date stated above.			
34. SIGNATURE <b>L. J. Jones</b>		35. ADDRESS <b>Union Memorial Hosp</b>	36. DATE SIGNED <b>1/1/52</b>
37. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	38. DATE <b>JAN. 5, 1952</b>	39. NAME OF CEMETERY OR CREMATORY <b>PROVIDENCE CEMETERY</b>	40. LOCATION (City, town, or county) (State) <b>PROVIDENCE, BALTO. CO., MD.</b>
41. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1952</b>	42. REGISTRAR'S SIGNATURE <b>Wm. J. Williams</b>	43. FUNERAL DIRECTOR <b>JOHN BURN'S SONS, TOWSON, MD.</b>	

51024

51B



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 0050**

**200**  
**52 0050**

1. NAME OF DECEASED (Type or Print) <b>ERWIN COOK</b>			2. DATE OF DEATH <b>1/2/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>Balto</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Maryland Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Phoenix, Md.</b>		
c. Length of stay in Baltimore <b>29</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>5300</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>Aug 21, 1882</b>	9. AGE (In years last birthday) <b>29</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truckee-Logger</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (State or foreign country) <b>Balto Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Fred Cook</b>			14. MOTHER'S MAIDEN NAME <b>Maryann Zenkhaus</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT ADDRESS		

18. <b>581.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Delirium Tremens</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
(A) DUE TO <b>Early portal cirrhosis</b>		
(B) DUE TO <b>Cerebral atrophy</b>		
C. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>1/2/52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>5300</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>0 4 9</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>0 1 2 0</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 28, 1951</b> , to <b>Jan 2, 1952</b> , that I last saw the deceased alive on <b>Jan 2, 1952</b> , and that death occurred at <b>5 PM</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>H. Raskin M.D.</b>		23B. ADDRESS <b>Md.</b>		23C. DATE SIGNED <b>1/2/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>JAN. 6, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>POPLAR GROVE CEM.</b>	
24D. LOCATION (City, town, or county) (State) <b>COCKEYSVILLE, MD.</b>		25. FUNERAL DIRECTOR <b>JOHN BURNS' SONS, TOWSON, MD.</b>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1952</b>		REGISTRAR'S SIGNATURE <b>H. Raskin</b>			

0700

12

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF MARINE FISHERIES

1914



420  
52 0051BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0051

BIRTH NO. 52-00027

1. NAME OF DECEASED (Type or Print) Baby Cheryl Elizabeth YALICH		2. DATE OF DEATH Jan 3/52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md b. COUNTY Balt	
5. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN Baltimore	
d. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 327 Washburn Ave	
6. SEX M	7. COLOR OR RACE W	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. DATE OF BIRTH Jan 2/52
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Joseph YALICH		14. MOTHER'S MAIDEN NAME Mary S. MARTIN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT Joseph Yalich	
16. SOCIAL SECURITY NO.		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 762.5 1 Atelectasis		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. B. Prematurity		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 0 E 0		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan 2, 1952 to Jan 3, 1952 that I last saw the deceased alive on Jan 3, 1952 and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE Anthony F. DiPaulo M. D.		23B. ADDRESS 11 E. Chase St		23C. DATE SIGNED Jan 4/1952
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 1/4/52	24C. NAME OF CEMETERY OR CREMATORY Holy Cross	24D. LOCATION (City, town, or county) (State) A. H. Co	
DATE RECEIVED BY LOCAL REGISTRAR JAN 4 - 1952	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR [Signature] ADDRESS 159 V 358 9th St		



INVESTIGATION OF DEATH

1. Name of Deceased

2. Date of Death

3. Place of Death

4. Cause of Death

5. Manner of Death

6. Name of Physician

7. Name of Coroner

8. Name of Medical Examiner

9. Name of Pathologist

10. Name of Forensic Scientist

11. Name of Investigator

12. Name of Assistant Investigator

13. Name of Detective

14. Name of Sergeant

15. Name of Officer

16. Name of Constable

17. Name of Watchman

18. Name of Night Watchman

19. Name of Patrolman

20. Name of Detective

21. Name of Sergeant

22. Name of Officer

23. Name of Constable



200  
0052CERTIFICATE CORRECTED MARCH 17, 1952  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0052

1. NAME OF DECEASED (Type or Print) <b>ARGON S. BOOZE</b>		2. DATE OF DEATH <b>Jan. 2, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore City</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore City</b>	
6. Length of stay in Baltimore Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>656 Mulberry St</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>C</b>	9. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Aug 18 - 1900</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Contractor</b>	
13. FATHER'S NAME <b>George Booze</b>		14. MOTHER'S MAIDEN NAME <b>Laura Frankelitz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT <b>Cora Booze - Mulberry St.</b>		18. ADDRESS <b>no</b>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Syphilitic meningitis</b>		20. INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Tertiary Syphilis</b>		22. (over)	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		24. (over)	
25. DATE OF OPERATION <b>12-25-51</b>		26. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
27. DATE OF OPERATION <b>12-25-51</b>		28. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
29. DATE OF OPERATION <b>12-25-51</b>		30. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
31. DATE OF OPERATION <b>12-25-51</b>		32. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
33. DATE OF OPERATION <b>12-25-51</b>		34. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
35. DATE OF OPERATION <b>12-25-51</b>		36. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
37. DATE OF OPERATION <b>12-25-51</b>		38. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
39. DATE OF OPERATION <b>12-25-51</b>		40. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
41. DATE OF OPERATION <b>12-25-51</b>		42. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
43. DATE OF OPERATION <b>12-25-51</b>		44. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
45. DATE OF OPERATION <b>12-25-51</b>		46. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
47. DATE OF OPERATION <b>12-25-51</b>		48. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
49. DATE OF OPERATION <b>12-25-51</b>		50. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
51. DATE OF OPERATION <b>12-25-51</b>		52. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
53. DATE OF OPERATION <b>12-25-51</b>		54. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
55. DATE OF OPERATION <b>12-25-51</b>		56. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
57. DATE OF OPERATION <b>12-25-51</b>		58. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
59. DATE OF OPERATION <b>12-25-51</b>		60. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
61. DATE OF OPERATION <b>12-25-51</b>		62. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
63. DATE OF OPERATION <b>12-25-51</b>		64. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
65. DATE OF OPERATION <b>12-25-51</b>		66. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
67. DATE OF OPERATION <b>12-25-51</b>		68. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
69. DATE OF OPERATION <b>12-25-51</b>		70. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
71. DATE OF OPERATION <b>12-25-51</b>		72. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
73. DATE OF OPERATION <b>12-25-51</b>		74. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
75. DATE OF OPERATION <b>12-25-51</b>		76. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
77. DATE OF OPERATION <b>12-25-51</b>		78. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
79. DATE OF OPERATION <b>12-25-51</b>		80. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
81. DATE OF OPERATION <b>12-25-51</b>		82. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
83. DATE OF OPERATION <b>12-25-51</b>		84. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
85. DATE OF OPERATION <b>12-25-51</b>		86. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
87. DATE OF OPERATION <b>12-25-51</b>		88. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
89. DATE OF OPERATION <b>12-25-51</b>		90. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
91. DATE OF OPERATION <b>12-25-51</b>		92. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
93. DATE OF OPERATION <b>12-25-51</b>		94. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
95. DATE OF OPERATION <b>12-25-51</b>		96. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
97. DATE OF OPERATION <b>12-25-51</b>		98. MAJOR FINDINGS OF OPERATION <b>Negative</b>	
99. DATE OF OPERATION <b>12-25-51</b>		100. MAJOR FINDINGS OF OPERATION <b>Negative</b>	

97024 bluid Hill Ave. 300

See Document File 52 0052

3/17/52 ES

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 0053**

**52**  
**2 0053**

1. NAME OF DECEASED (Type or Print) <b>ALBERT WASHINGTON</b>			2. DATE OF DEATH <b>1-1-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
7. Length of stay in Baltimore <b>35 yrs 11 mo</b>			8. STREET ADDRESS (If rural, give location) <b>422 E. Lanvale Street</b>		
9. SEX <b>Male</b>	10. COLOR OR RACE <b>Colored</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	12. DATE OF BIRTH <b>7-14-1896</b>		13. AGE (In years last birthday) <b>56</b>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labourer</b>			15. BIRTHPLACE (State or foreign country) <b>Baltimore Va</b>		16. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
17. FATHER'S NAME <b>unk.</b>			18. MOTHER'S MAIDEN NAME <b>unk.</b>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) <b>Yes</b>		20. SOCIAL SECURITY NO. <b>1</b>	21. INFORMANT <b>Glora Washington</b>		
			22. ADDRESS <b>422 E. Lanvale St</b>		

18. <b>443 X 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Cardio-vascular disease</b>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1-1-</b> , 19 <b>52</b> , to <b>1-1-</b> , 19 <b>52</b> that I last saw the deceased alive on <b>1-1-</b> , 19 <b>52</b> , and that death occurred at <b>10:30 pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Dr. Louis W. Raw</b>		23B. ADDRESS <b>1400 N. Caroline Street - 13</b>		23C. DATE SIGNED <b>1-1-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1-7-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>		24D. LOCATION (City, town, or county) (State) <b>Md</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. Williams</b>		25. FUNERAL DIRECTOR <b>Rayner Sanders</b>	
				ADDRESS <b>217 E Preston St</b>	

1000 35

CHARTER OF THE ORDER

1000



462  
0054BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0054  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>John Frederick Ulrich</i>			2. DATE OF DEATH <i>Jan 3, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>27-44</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Meoey Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>48</i>			D. STREET ADDRESS (If rural, give location) <i>5937 Glen Oak Ave.</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>3/14/87</i>	9. AGE (in years last birthday) <i>64</i>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Meat-cutter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Meat Market</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
13. FATHER'S NAME <i>John Ulrich</i>			14. MOTHER'S MAIDEN NAME <i>Unknown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>NAK</i>		16. SOCIAL SECURITY NO. <i>NAK</i>		17. INFORMANT ADDRESS <i>Hosp. Records</i>	
18. <i>420.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs</i>		
19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>20000</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>053</i>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 2</i> , 1952 to <i>Jan 3</i> , 1952, that I last saw the deceased alive on <i>Jan 3</i> , 1952, and that death occurred at <i>6:40 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>C. E. Schubert</i>		23B. ADDRESS <i>Meoey Hosp.</i>		23C. DATE SIGNED <i>1/3/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-7-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		25. FUNERAL DIRECTOR <i>L. J. Luck</i>		ADDRESS <i>5305 Bayford</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 4 - 1952</i>		REGISTRAR'S SIGNATURE <i>Washington Williams</i>		6446A 94a	

MEDICAL CERTIFICATION

1900

RECEIVED

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*



200  
2 0055BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0055

BIRTH NO.

1. NAME OF DECEASED Type or Print) John E. Wise			2. DATE OF DEATH Jan. 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY 131 S. Eaton St		
5. FULL NAME OF HOSPITAL OR INSTITUTION 131 S. Eaton St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md.		
6. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 131 S. Eaton St.		
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH July 29, 1873		11. AGE (In years last birthday) 78
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Cleaner			13. KIND OF BUSINESS OR INDUSTRY Balto. City		14. BIRTHPLACE (State or foreign country) Baltimore Md.
15. FATHER'S NAME ---- Wise			16. MOTHER'S MAIDEN NAME Mary----		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) ----			18. SOCIAL SECURITY NO. none		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) ----			20. INFORMANT Miss mamie Wise		
21. ADDRESS 131 S. Eaton St.			22. ADDRESS 131 S. Eaton St.		

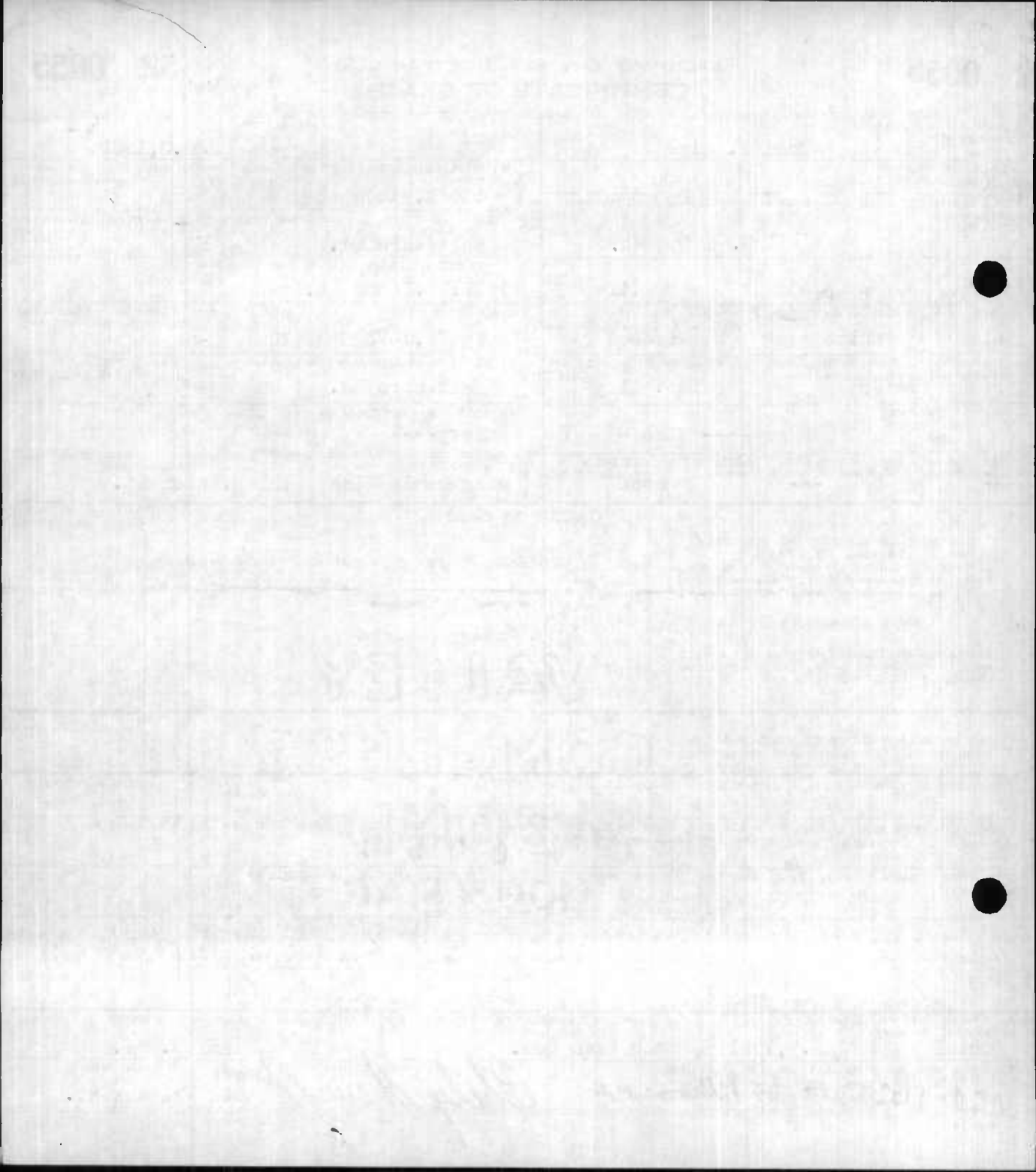
18. 4 yr. 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Arteriosclerotic Cardiovascular disease			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Atherosclerosis			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 0 0 0 0		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-1-1945, to 1-3-52, 19, that I last saw the deceased alive on 1-2-52, 19, and that death occurred at 3 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Colm Costantino		23B. ADDRESS 234 S. Conneling St.		23C. DATE SIGNED 1-4-52	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE Jan. 7, 1952		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	
24D. LOCATION (City, town, or county) Balto. Md.		24E. LOCATION (City, town, or county) Balto. Md.		24F. LOCATION (City, town, or county) 2024 Orleans St.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 4 - 1952		REGISTRAR'S SIGNATURE Philip Henry		FUNERAL DIRECTOR Philip Henry	

VS 150

93D



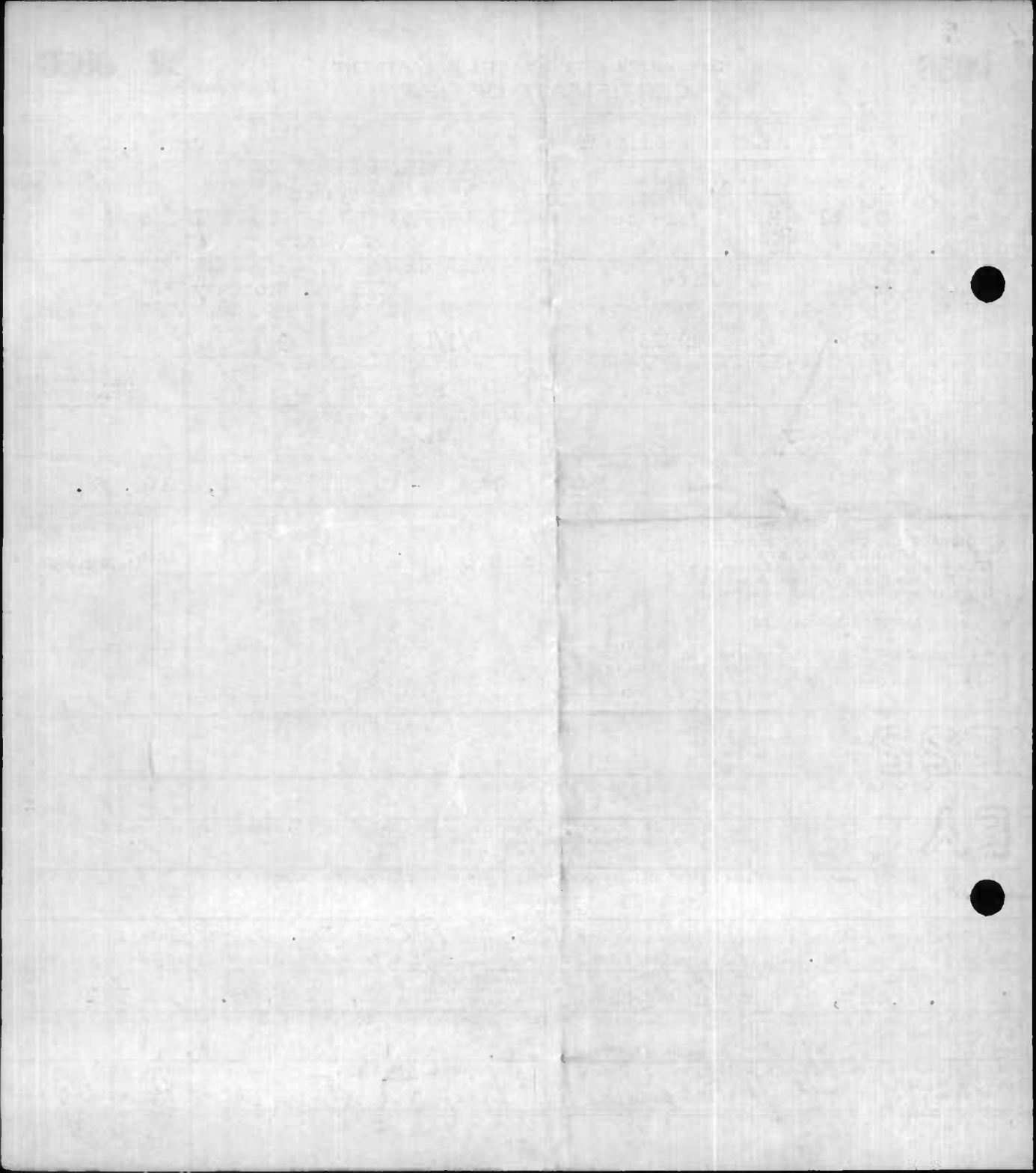


400  
0056  
48-16212

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0056  
Registered No.

1. NAME OF DECEASED Type or Print) <b>WRYANT MAURICE HOLLOWAY</b>		2. DATE OF DEATH <b>Jan. 2, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1016 N. Broadway</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>col.</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>child</b>	10. DATE OF BIRTH <b>8/3/48</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Child</b>		12. AGE (In years last birthday) <b>3</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
13. FATHER'S NAME <b>Wryant Holloway</b>		14. MOTHER'S MAIDEN NAME <b>Jane Fowler</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Records- US PHS HOSPITAL, Balto, Md.</b>		18. ADDRESS <b>Baltimore, Md.</b>	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute leukemia</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21A. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>5200 N. Broadway</b>		21B. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>5200 N. Broadway</b>	
21C. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Jan. 2, 1952</b>		21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21E. HOW DID INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct. 16, 1951</b> , to <b>Jan. 2, 1952</b> that I last saw the deceased alive on <b>Jan. 2, 1952</b> , and that death occurred at <b>11:52 Pm.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Paul T. Condit, SA Surgeon USPHS</b>		23B. ADDRESS <b>US PHS HOSPITAL, Balto, Md.</b>	
23C. DATE SIGNED <b>1/3/52</b>		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/7/1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvery Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Brooklyn Md.</b>	
25. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1952</b>		25. REGISTRAR'S SIGNATURE <b>Paul T. Condit</b>	
25. FUNERAL DIRECTOR <b>Elroy O. Wilcox</b>		25. ADDRESS <b>1000 Beantley wop</b>	



453  
0057BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0057  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Lizzie Holland</b>			2. DATE OF DEATH <b>Jan-2-1952</b>		
3. PLACE OF DEATH: <b>Baltimore City, Maryland Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>1507 North Broadway</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore <b>8 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>1507 North Broadway</b>		
7. SEX <b>Female</b>	8. COLOR OR RACE <b>Col.</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	10. DATE OF BIRTH <b>May-10-1872</b>	11. AGE (In years last birthday) <b>79</b>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>			14. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
15. FATHER'S NAME <b>Daniel Dorsey</b>			16. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b>			18. SOCIAL SECURITY NO.		
19. INFORMANT <b>Willie Holland</b>			20. ADDRESS <b>1507 N. Broadway</b>		
18. CAUSE OF DEATH <b>592X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Chronic pneumonia</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Myocarditis</b> DUE TO <b>Chronic Nephritis</b> DUE TO <b>Senility</b>					
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) OF INJURY		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. HOW DID INJURY OCCUR?	
25. I hereby certify that I attended the deceased from <b>June</b> , 19 <b>51</b> , to <b>1/2</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1/2</b> , 19 <b>52</b> ; and that death occurred at <b>9:55</b> a.m., from the causes and on the date stated above.					
26. SIGNATURE <b>Wm. L. Lofgren</b>			27. ADDRESS <b>822 N. Bond St</b>		28. DATE SIGNED <b>1/4/52</b>
29. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		30. DATE <b>1/7/1952</b>	31. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cem.</b>		32. LOCATION (City, town, or county) (State) <b>Brooklyn Md.</b>
33. DATE RECEIVED BY LOCAL REGISTRAR <b>AN 4-1952</b>		34. REGISTRAR'S SIGNATURE <b>Wm. L. Lofgren</b>		35. FUNERAL DIRECTOR <b>Elmer S. Wilson</b>	

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CERTIFICATE OF DEATH

1911-1912

DEATH

1911-1912

1911-1912

1911-1912

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520  
2 0058BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0058  
Registered No.

1. NAME OF DECEASED (Type or Print)		Ike Jones		2. DATE OF DEATH Jan-2-1952	
3. PLACE OF DEATH: Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1705 Jefferson Street		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
7. Length of stay in Baltimore 20 Yrs.		8. STREET ADDRESS (If rural, give location) 1705 Jefferson Street			
9. SEX Male	10. COLOR OR RACE Col.	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH Nov-19-1891	13. AGE (in years last birthday) 60	14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		16. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel Co		17. BIRTHPLACE (State or foreign country) Blackstock S.C.	
18. FATHER'S NAME Jeff Jonse		19. MOTHER'S MAIDEN NAME Dela Goines		20. CITIZEN OF WHAT COUNTRY? U.S.A.	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		22. SOCIAL SECURITY NO.		23. INFORMANT ADDRESS Nora Foster 419 North Wolfe Street	
24. CAUSE OF DEATH (A) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis (B) ANTECEDENT CAUSES Hypertensive Cordy Vascular Disease (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION		27. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
31. TIME (Month) (Day) (Year) (Hour) OF INJURY		32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		33. HOW DID INJURY OCCUR?	
34. I hereby certify that I attended the deceased from Dec 21, 1951 to Jan 2, 1952 that I last saw the deceased alive on Jan 2, 1952 and that death occurred at 1 P.m., from the causes and on the date stated above.					
35. SIGNATURE J. K. Adams		36. ADDRESS 1222 N. Caroline St.		37. DATE SIGNED 1-4-52	
38. BURIAL, CREMATION, REMOVAL (Specify) Burial		39. DATE 1/6/1952		40. NAME OF CEMETERY OR CREMATORY Red Hill Cem.	
41. LOCATION (City, town, or county) Woodward S.C.		42. DATE RECEIVED BY LOCAL REGISTRAR JAN 4 - 1952		43. REGISTRAR'S SIGNATURE H. J. Williams	
44. FUNERAL DIRECTOR Thos. J. Wilson		45. ADDRESS 1000 Bunting Ave		46. VS 150	

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STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

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STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OFFICE OF THE REGISTRAR

ALBANY, N. Y.

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OFFICE OF THE REGISTRAR

ALBANY, N. Y.

STATE OF NEW YORK

DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

OFFICE OF THE REGISTRAR

ALBANY, N. Y.



460  
2 0059BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0059

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Mrs. Annie R. Fuller

2. DATE  
OF  
DEATH Jan. 2, 1952PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

2704 Huntingdon Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE before admission)  
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore township)

D. STREET ADDRESS (If rural, give location)

2704 Huntingdon Avenue

Length of stay in Baltimore

47 years

Yrs.  
Mos.  
DaysSEX  
Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH

Mar. 18, 1862

9. AGE (In years  
last birthday)

89

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
At Home10B. KIND OF BUSINESS OR  
INDUSTRY  
--

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Christopher Markey

14. MOTHER'S MAIDEN NAME

Rachael Shaul

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)  
no --16. SOCIAL  
SECURITY NO.  
--17. INFORMANT ADDRESS  
Annie B. Royston 2704 Huntingdon Ave.

18. 592 X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952, to Jan 2, 1952, that I last saw the  
deceased alive on Jan 2, 1952, and that death occurred at 2:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
burial

24B. DATE

Jan. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

24D. LOCATION (City, town, or county)

Black Rock Rd. Balto. Co. Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 4 - 1952

Burgee Funeral Home 3631 Falls Rd. Balto. Md.

VS 150

Horace K. Burgee

131a

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RECEIVED  
JAN 14 1964

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320  
2 0060BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0060

IRTH NO.

1. NAME OF DECEASED (Type or Print) <b>PAUL M. FITEZ</b>		2. DATE OF DEATH <b>1/3/52</b>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>LUTHERAN Hosp of MD.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13-06</b>	
6. COLOR OR RACE <b>W</b>		D. STREET ADDRESS (If rural, give location) <b>3610 HICKORY AVE #11</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>		E. DATE OF BIRTH <b>Oct. 18-1897</b>	
8. SEX <b>M</b>		F. AGE (In years last birthday) <b>54</b>	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>		10. KIND OF BUSINESS OR INDUSTRY <b>AUTO REPAIR</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William H. Fitez</b>		14. MOTHER'S MAIDEN NAME <b>Minnie R. Routson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <b>No</b>		16. SOCIAL SECURITY NO. <b>215-10-1176</b>	
17. INFORMANT <b>Mrs. Sadie M. Fitez</b>		ADDRESS <b>3610 Hickory Ave</b>	

18. <b>193X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CEREBROVASCULAR ACCIDENT</b> DUE TO <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>ALL ENCEPHALOGRAPH AND ARTERIOGRAPH</b> DUE TO <b>PROBABLE CEREBRAL NEOPLASM</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 DAYS</b> <b>2 DAYS</b> <b>?</b>
--	--	--

19a. DATE OF OPERATION <b>12/31/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>NEGATIVE</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12/20/51</b> , 19 <b>51</b> , to <b>1/3</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1/31</b> , 19 <b>52</b> , and that death occurred at <b>4:50</b> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <b>William G. Eismann</b>		23b. ADDRESS <b>M. O. Lutheran Hospital</b>		23c. DATE SIGNED <b>1/3/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 5-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pike Creek</b>	
24d. LOCATION (City, town, or county) (State) <b>Carroll Co. Maryland</b>		24e. FUNERAL DIRECTOR <b>Burgee Funeral Home</b>		ADDRESS <b>3631 Falls Road</b>	
24f. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4-1952</b>		24g. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		24h. VS 150 <b>56483</b>	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0061

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William Bruce Wyllie (MR)</i>		2. DATE OF DEATH <i>1-3-52</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-11</i>	
6. COLOR OR RACE <i>W</i>		D. STREET ADDRESS (If rural, give location) <i>111 Overhill Road</i>	
7. SEX <i>M.</i>	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	9. DATE OF BIRTH <i>3-15-87</i>	10. AGE (In years last birthday) <i>64</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>VICE-PRES.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>William Alexander Wyllie</i>		14. MOTHER'S MAIDEN NAME <i>MARY Simpson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>YES W.W.I.</i>		16. SOCIAL SECURITY NO. <i>212-07-6806</i>	
17. INFORMANT <i>HOSP. REC.</i>		ADDRESS	

18. <i>450.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Calcific aortic stenosis</i> DUE TO (B) <i>Bicuspid aortic valve</i> DUE TO (C) <i>Generalized arteriosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i> <i>lifetime</i> <i>? years</i>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-31</i> , 1951, to <i>1-3</i> , 1952, that I last saw the deceased alive on <i>1-3</i> , 1952, and that death occurred at <i>4:25 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Arthur Nelson, M.D.</i>		23B. ADDRESS <i>Baltimore, 18 Maryland</i>		23C. DATE SIGNED <i>Jan 3, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>1-5-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>LOUDON PARK</i>	
24D. LOCATION (City, town, or county) <i>BALTO.</i>		24E. LOCATION (State) <i>MD</i>		25. FUNERAL DIRECTOR <i>H.W. JENKINS &amp; SONS Co</i>	
26. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 4 - 1952</i>		26. REGISTRAR'S SIGNATURE <i>Arthur Nelson</i>		26. ADDRESS <i>4905 York Rd</i>	

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52 0062BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0062  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>MARY O'NEILL</b>		2. DATE OF DEATH <b>1-2-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>SINAI HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>310 Ilchester Ave.</b>	
7. SEX <b>F</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>S</b>	10. DATE OF BIRTH <b>11-6-1880</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (in years last birthday) <b>71</b>	
13. FATHER'S NAME <b>Joseph C. O'Neill</b>		14. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. CITIZEN OF WHAT COUNTRY? <b>✓</b>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>Mary James</b>	
19. INFORMANT <b>Mrs. Theresa Wagner</b>		20. ADDRESS <b>310 Ilchester Ave</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ACUTE MYOCARDIAL INFARCTION</b> DUE TO ANTECEDENT CAUSES <b>Hypertensive Arteriosclerotic Cardiovascular Disease</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Lobar Pneumonia</b>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-1-</b> , 19 <b>51</b> , to <b>1-2-</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1-2-</b> , 19 <b>52</b> , and that death occurred at <b>12:35</b> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Adolph M. Ehrenworth</b>		23B. ADDRESS	
23C. DATE SIGNED		23D. M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-5-1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Western</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1952</b>		REGISTRAR'S SIGNATURE <b>Thurston Williams</b>	
25. FUNERAL DIRECTOR <b>John G. Moran</b>		ADDRESS <b>3000 E. Baltimore St</b>	



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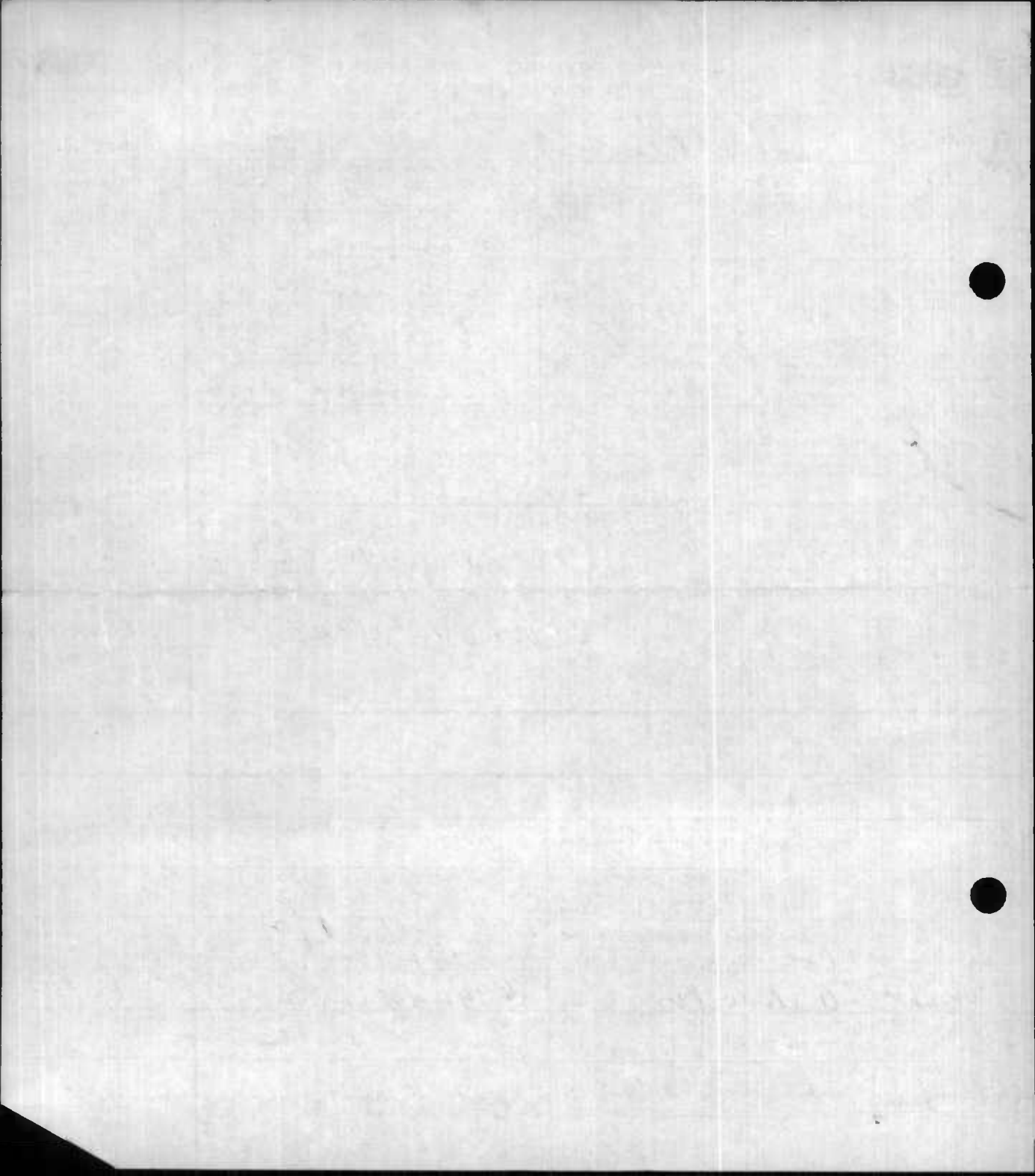
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WILLIAMS



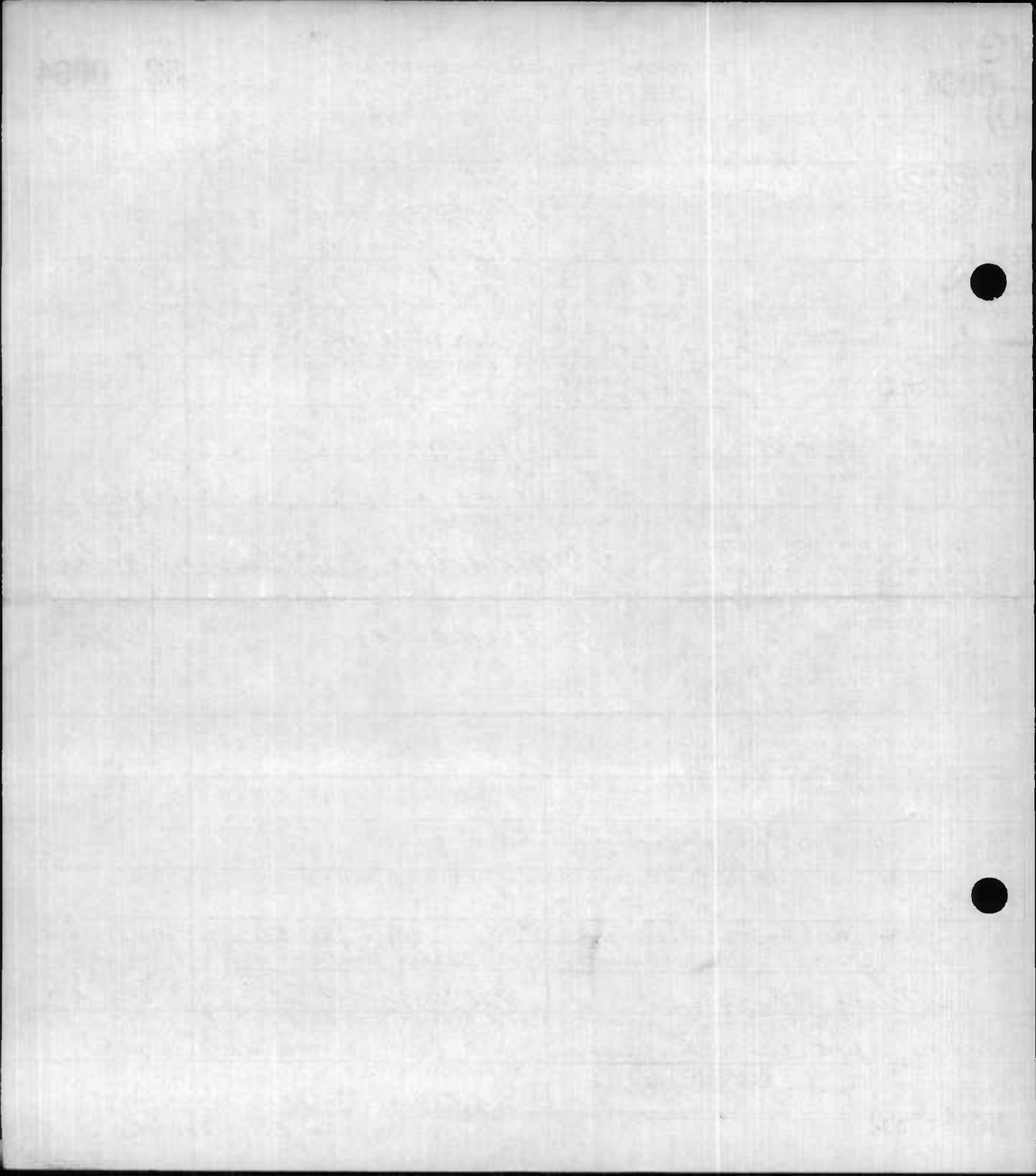




BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **52 0064**

1. NAME OF DECEASED (Type or Print) <b>Margaret H. Barth</b>		2. DATE OF DEATH <b>Jan. 2 - 1952</b>	
3. PLACE OF DEATH: Baltimore City, Maryland <b>1026 W. 38th St</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <b>Maryland</b> B. COUNTY <b>13-07</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>—</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
7. D. STREET ADDRESS (If rural, give location) <b>1026 W. 38th St</b>		8. DATE OF BIRTH <b>July 20 - 1879</b>	
9. SEX <b>Female</b>		10. AGE (In years last birthday) <b>72</b>	
11. COLOR OR RACE <b>White</b>		12. If Under 1 Year Months Days Hours Min. <b>—</b>	
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		14. If Under 24 Hours Hours Min. <b>—</b>	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		16. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	
17. FATHER'S NAME <b>Henry Smith</b>		18. MOTHER'S MAIDEN NAME <b>Margaret Lilly</b>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>—</b>		20. SOCIAL SECURITY NO. <b>—</b>	
21. INFORMANT <b>Mrs. Walter C. Barth</b>		22. ADDRESS <b>1026 W. 38th St</b>	
23. CAUSE OF DEATH 18. <b>4 yr. 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO <b>(A) Myocardial Infarction</b> ANTECEDENT CAUSES DUE TO <b>(B) Atherosclerosis</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <b>(C) —</b> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>10 yrs.</b>			
24. DATE OF OPERATION <b>0</b>		25. MAJOR FINDINGS OF OPERATION	
26. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		30. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY	
31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		32. HOW DID INJURY OCCUR?	
33. I hereby certify that I attended the deceased from <b>Oct 1</b> , 1951, to <b>Jan 1</b> , 1952, that I last saw the deceased alive on <b>Jan 1</b> , 1951, and that death occurred at <b>2:15 A. M.</b> , from the causes and on the date stated above.			
34. SIGNATURE <b>Arthur J. Davies</b>		35. ADDRESS <b>800 W 33rd St</b>	
36. DATE SIGNED <b>1-3-52</b>			
37. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		38. DATE <b>1/5/52</b>	
39. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park Cem</b>		40. LOCATION (City, town, or county) (State) <b>Woodlawn Ind</b>	
41. DATE RECEIVED BY LOCAL REGISTRAR <b>—</b>		42. REGISTRAR'S SIGNATURE <b>—</b>	
43. FUNERAL DIRECTOR <b>—</b>		44. ADDRESS <b>1512 Hollins St</b>	
45. <b>JAN 4 - 1952</b>		46. <b>Balt. 25th 937</b>	



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Balto City  
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

52 0065

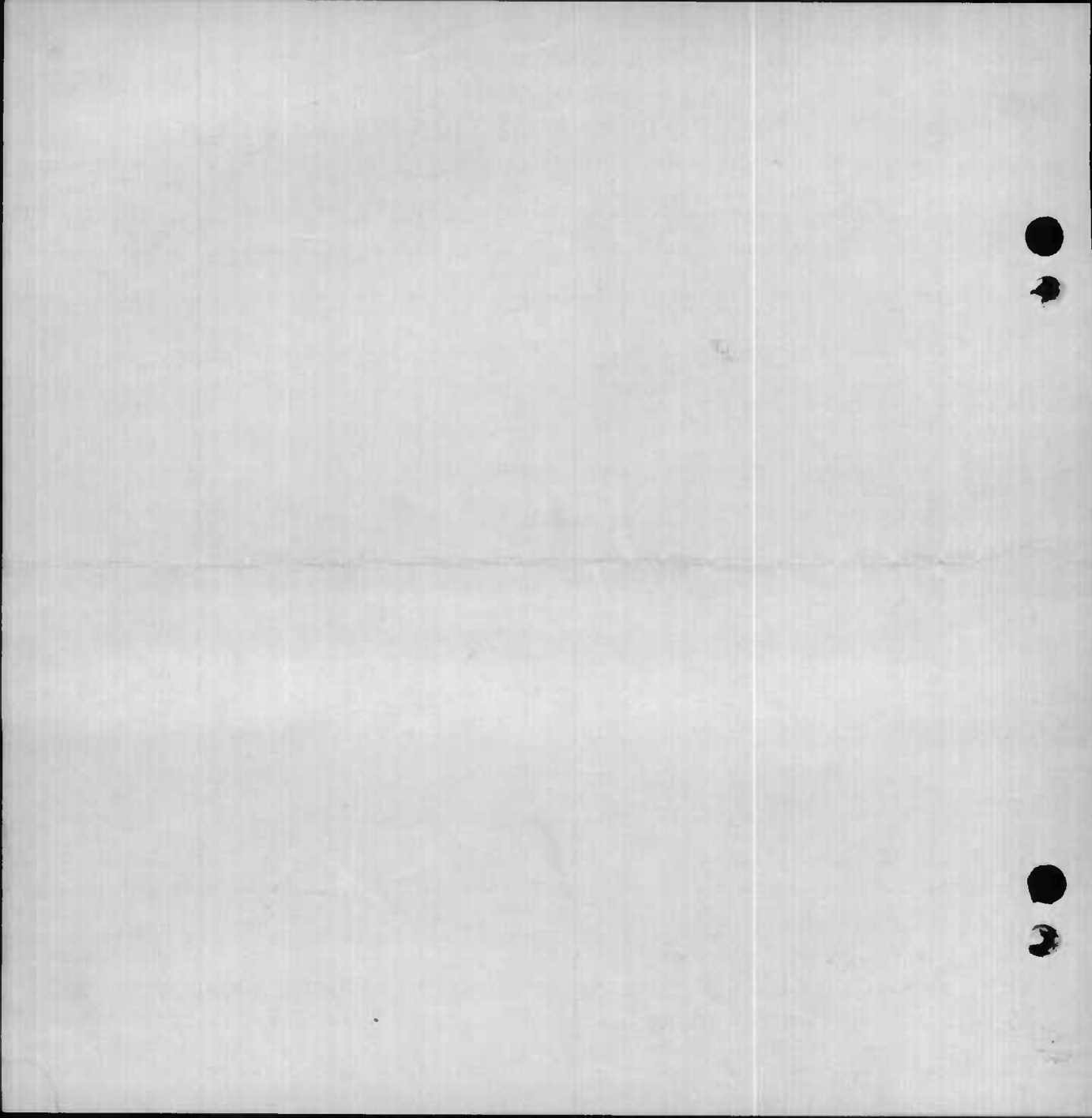
CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLACE OF DEATH - COUNTY <u>Baltimore City</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Pennsylvania</u> COUNTY <u>Philadelphia</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Baltimore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Philadelphia</u>	
LENGTH OF STAY (in this place) <u>8 Months</u>		TOWN <u>Philadelphia</u>	
HOSPITAL OR INSTITUTION OR FREED ADDRESS <u>2823 Rose Town Ave</u>		STREET ADDRESS (If rural, give location) <u>433 Richmond</u>	
NAME OF DECEASED (First) <u>Robert</u> (Middle) <u>(None)</u> (Last) <u>Purton</u>		4. DATE OF DEATH (Month) <u>Jan</u> (Day) <u>4</u> (Year) <u>1952</u>	
SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify) <u>None</u>		8. DATE OF BIRTH <u>Oct 12, 1864</u>	
9. AGE last birthday <u>87</u> yrs.		10. AGE under 1 year (Months) <u>4</u> (Days) <u>19</u> (Hours) <u>52</u> (Min.)	
USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Sheet Metal</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sheet Metal</u>	
11. BIRTHPLACE (State or foreign country) <u>Pennsylvania</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
FATHER'S NAME <u>John Purton</u>		14. MOTHER'S MAIDEN NAME <u>Ellen Boyce</u>	
WAS DECREASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Branche B. Bougher 2823 Rose Town Baltimore 14</u>		18. MEDICAL CERTIFICATION	
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <u>Myocardial infarction</u>		<u>1 wk.</u>	
Antecedent cause(s) (b) <u>Severe, advanced generalized arterio sclerosis</u>		<u>6 yrs.</u>	
OTHER SIGNIFICANT CONDITIONS (c) <u>Cerebral thrombosis, rt. hemiparesis</u>		<u>1945</u>	
DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ACCIDENT (Specify) <u>None</u>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>None</u>	
SUICIDE <u>None</u>		(CITY OR TOWN) <u>None</u>	
HOMICIDE <u>None</u>		(COUNTY) <u>None</u>	
TIME (Month) (Day) (Year) (Hour) <u>None</u> m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR? <u>None</u>			
I hereby certify that I attended the deceased from <u>May, 1951</u> , to <u>Jan 4, 1952</u> , that I last saw the deceased alive on <u>Jan 2, 1952</u> , and that death occurred at <u>7:05 A.M.</u> m., from the causes and on the date stated above.			
SIGNATURE <u>Charles W. Hens</u> (Degree or title) <u>M.D.</u>		ADDRESS <u>6801 Belair Rd.</u>	
DATE SIGNED <u>Jan 4, 1952</u>			
BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>		DATE THEREOF <u>1/4/52</u>	
NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>		LOCATION (City, town, or county) <u>Philadelphia, Pennsylvania</u>	
TE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Wm. G. Cook, Inc.</u>		44. FUNERAL DIRECTOR ADDRESS <u>1217 St. Paul Street</u>	

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0066

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0066

1. NAME OF DECEASED (Type or Print) Anna E. Johnson		2. DATE OF DEATH January 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence) A. STATE Maryland B. COUNTY 1201st before admission)	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Good Samaritan Nursing Home 27 N. Carey Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryland Rural	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Shady Spring Avenue 5300	
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH About 1869
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		12. AGE (In years last birthday) About 82	
13. FATHER'S NAME ?		14. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT George H. Rabold, 307 W. 5th Ave.		18. ADDRESS McKeesport, Penna.	

18. 4/22.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO Myocardial Infarction		Sudden	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO Cardio-vascular disease		?	
		(C) DUE TO Arterio-sclerosis		?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 1949 to Dec 27, 1951 that I last saw the deceased alive on Dec 27, 1951, and that death occurred at 3 P. M., from the causes and on the date stated above.					
23A. SIGNATURE Harry Glassman		23B. ADDRESS 2687 Maple Ave		23C. DATE SIGNED Jan 3, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/5/52		24C. NAME OF CEMETERY OR CREMATORY Western Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Wm. Cook		ADDRESS 1217 St. Paul St.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 4 - 1952		REGISTRAR'S SIGNATURE		VS 150	

937

proposed changes  
in the  
general plan

THE BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.  
OFFICE OF THE CHIEF  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

REPORT OF THE CHIEF

OF THE BUREAU OF PLANT INDUSTRY  
FOR THE YEAR 1911

AND THE CHIEF OF THE  
BUREAU OF PLANT INDUSTRY

FOR THE YEAR 1911

AND THE CHIEF OF THE  
BUREAU OF PLANT INDUSTRY

FOR THE YEAR 1911

AND THE CHIEF OF THE  
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FOR THE YEAR 1911

AND THE CHIEF OF THE  
BUREAU OF PLANT INDUSTRY

FOR THE YEAR 1911

AND THE CHIEF OF THE  
BUREAU OF PLANT INDUSTRY

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 0067**

**435**  
**52 0067**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>NIKITA KOLODINSKI</b>			2. DATE OF DEATH <b>January 1, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>671 W. Barre Street</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>NOT KNOW</b>	9. AGE (In years last birthday) <b>67</b>	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARMAN</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (State or foreign country) <b>RUSSIAN</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>ADAM KOLODINSKI</b>			14. MOTHER'S MAIDEN NAME <b>NOT KNOW</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>—</b>		16. SOCIAL SECURITY NO. <b>705-10-2294</b>	17. INFORMANT ADDRESS <b>MRS. HELEN FELDMAN, 2147 EAGLE</b>		

18. <b>422.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Cardiovascular Disease</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Wood</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>Jan. 2, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24B. DATE <b>1-5-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>HOLY TRINITY RUSSIAN</b>
24D. LOCATION (City, town, or county) (State) <b>ELK RIDGE, MD</b>		

DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1952</b>	REGISTRAR'S SIGNATURE <i>William Wood</i>	25. FUNERAL DIRECTOR <b>J.A. Grubbs</b>	ADDRESS <b>1956 Pratt</b>
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**69850** **93D** ✓

MEDICAL CERTIFICATION

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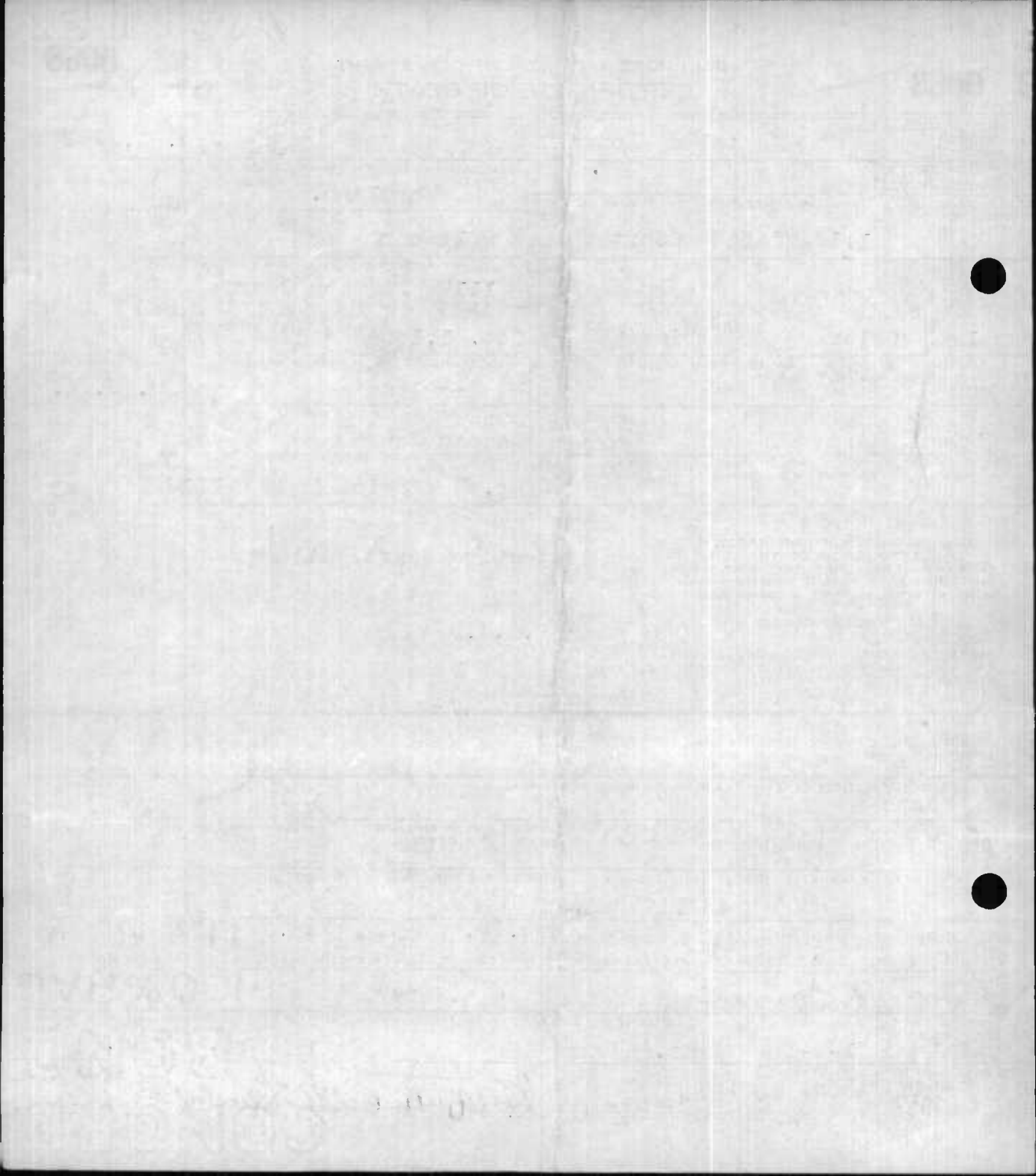
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2 0068  
IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0068  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Estelle Lowman		Jan. 1, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location) 1117 Tiffany Court		A. STATE Maryland. B. COUNTY	
Length of stay in Baltimore Yrs. Mos. Days		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
SEX Female		D. STREET ADDRESS (If rural, give location) 1117 Tiffany Court	
6. COLOR OR RACE Colored		8. DATE OF BIRTH Oct. 1, 1884	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		9. AGE (In years last birthday) 67	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
3. FATHER'S NAME Richard Ross		14. MOTHER'S MAIDEN NAME Agnes Jones	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT ADDRESS Mr. Frederick Lowman 1117 Tiffany	
16. SOCIAL SECURITY NO.			
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure DUE TO ANTECEDENT CAUSES A.H.C.V.D. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None		INTERVAL BETWEEN ONSET AND DEATH ? ?	
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. I hereby certify that I attended the deceased from Dec. 28, 1951, to Jan. 1, 1952, that I last saw the deceased alive on Jan. 1, 1952, and that death occurred at 3 A. m., from the causes and on the date stated above.			
23A. SIGNATURE G. McDonald		23B. ADDRESS 844 N. Carey St. Baltimore, Md. 1/2/52	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-5-52	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 4 - 1952		25. FUNERAL DIRECTOR Mrs. Frank H. Hensley Biddle	
VS 150		937	





200  
52 0069BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0069  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>THOMAS PASKO (PASZKO)</b>		2. DATE OF DEATH <b>January 3, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2046 Fountain Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>46 yrs</b>		D. STREET ADDRESS (If rural, give location) <b>2046 Fountain Street</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>December 20, 1884</b>
9. AGE (In years last birthday) <b>67</b>		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Food Packing</b>	
11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Casimir Paszko</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>216 09 3080</b>	
17. INFORMANT <b>Mrs. Veronica Pasko</b>		ADDRESS <b>2046 Fountain Street</b>	
18. 434.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> <i>Acute Congestive Cardiac Failure</i> (A) _____ DUE TO <i>Pulmonary Edema</i> (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 2, 1952, to Jan 3, 1952, that I last saw the deceased alive on Jan 3, 1952, and that death occurred at 10:40 a. m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Arthur Kuzborski</i>		23B. ADDRESS <i>2529 Eastern Ave.</i>	
23C. DATE SIGNED <i>1-4-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/7/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Holy Rosary</b>		24D. LOCATION (City or county) (State) <b>Baltimore, Maryland</b>	
25. FUNERAL RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1952</b>		25. FUNERAL DIRECTOR <b>M. P. Sadowski &amp; Sons, 1808 Eastern Avenue</b>	

970 42

93E

UNITED STATES DEPARTMENT OF AGRICULTURE

Report of the Director of the Bureau of Plant Industry

Annual Report for the Year 1916

Presented to the Congress of the United States

at the Session of 1917

Washington, D. C.

Published by the Government Printing Office

1917

Director of the Bureau of Plant Industry

Washington, D. C.

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0070

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

WILLIAM EDGER VERNAY

2. DATE OF DEATH JAN: 3/1952

1. PLACE OF DEATH:  
Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE MARYLAND  
B. COUNTY

3. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  
1940 HOLLINS STREET

C. CITY OR TOWN (If outside corporate limits, write FULL name and give township)  
BALTIMORE CITY

5. Length of stay in Baltimore  
LIFE  
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)  
1940 HOLLINS STREET

6. SEX Male  
7. COLOR OR RACE White  
8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

9. DATE OF BIRTH Mar: 8, 1881  
10. AGE (In years last birthday) 70  
If Under 1 Year Months Days  
If Under 24 Hours Hours Min.

11. DA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Shipping Clerk

12. JOB. KIND OF BUSINESS OR INDUSTRY  
Furniture Co.

13. BIRTHPLACE (State or foreign country) Baltimore Maryland  
14. CITIZEN OF WHAT COUNTRY? USA

15. FATHER'S NAME  
Benj. H. Vernay

16. MOTHER'S MAIDEN NAME  
Fannie Hurt

17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
18. SOCIAL SECURITY NO. 216-01-4059

19. INFORMANT ADDRESS  
Mary C. Vernay, 1940 Hollins Street

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
151X  
CAUSE OF DEATH  
DUE TO

CAUSE OF DEATH  
DUE TO  
Cancer Stomach  
Interval between onset and death  
years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO  
(B)  
(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Parkinsons Disease  
15 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-1, 1951, to 1-3, 1952, that I last saw the deceased alive on 1-3-1952, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE  
E. Mendel

23B. ADDRESS  
651 N. Bentalou Street  
23C. DATE SIGNED  
1/4/1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial Jan. 5/1952 Loudon Park Cemetery Baltimore Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 4 - 1952

F.B. Wippert & Son 46 B

1940

1940

WILLIAM H. HARRIS

1940 HARRIS STREET

1940 HARRIS STREET

1940 HARRIS STREET

1940 HARRIS STREET

1940 HARRIS STREET

1940 HARRIS STREET

VALLEY  
CONGRESS

1940  
HARRIS STREET  
U.S.A.

1940 HARRIS STREET

1940 HARRIS STREET

1940 HARRIS STREET

1940 HARRIS STREET

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **52 0071**

1. NAME OF DECEASED (Type or Print) <b>ALMA HARDING</b>		2. DATE OF DEATH <b>Jan. 2 1952</b>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>20 03</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>3 North Rosedale Street</b>		6. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <b>Baltimore</b>	
7. Length of stay in Baltimore Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) <b>626 South Monroe Street</b>	
9. SEX <b>Female</b>	10. COLOR OR RACE <b>White</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	12. DATE OF BIRTH <b>Apr. 18-1869</b>
13. AGE (In years last birthday) <b>82</b>		14. If Under 1 Year Months Days If Under 24 Hours Hours Min.	
15. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		16. B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>	
17. C. FATHER'S NAME <b>Gerhardt Tobias</b>		18. D. MOTHER'S MAIDEN NAME <b>Halsloope -Gemine Halsloope</b>	
19. E. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. F. SOCIAL SECURITY NO.	
21. G. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO <b>Arteriosclerosis</b> DUE TO <b>Senility</b>		22. H. INTERVAL BETWEEN ONSET AND DEATH <b>26 hrs.</b>	
23. I. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
24. J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
25. A. DATE OF OPERATION <b>0</b>		26. B. MAJOR FINDINGS OF OPERATION	
27. C. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
28. A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	29. B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	30. C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
31. D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) <b>2:48 P.</b>	32. E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	33. F. HOW DID INJURY OCCUR?	
34. G. I hereby certify that I attended the deceased from <b>Jan. 1</b> , 1952, to <b>Jan. 2</b> , 1952, that I last saw the deceased alive on <b>Jan. 2</b> , 1952, and that death occurred at <b>2:48 P.</b> , from the causes and on the date stated above.			
35. H. SIGNATURE <b>W. C. MacLaughlin</b>		36. I. ADDRESS <b>4508 Edmondson Village</b>	
37. J. DATE SIGNED <b>1/3/52</b>			
38. A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	39. B. DATE <b>Jan 5/1952</b>	40. C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>	41. D. LOCATION (City, town, or county) (State) <b>Baltimore Maryland</b>
42. E. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1952</b>	43. F. REGISTRAR'S SIGNATURE <b>W. C. MacLaughlin</b>	44. G. FUNERAL DIRECTOR <b>F. B. Wippert &amp; Son</b>	
45. H. ADDRESS <b>1300 EUTAW PL. 17</b>			



1011 Elmwood Ave.

NOV 50

VALLEY

COFFEE

530  
0072BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0072  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Argentino Amadio</b>		2. DATE OF DEATH <b>Jan. 2 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland 1501 S. Charles St.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>23-02</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>HOSPITAL OR INSTITUTION</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>47 Yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>1501 S. Charles St.</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Jan. 11 1887</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoemaker</b>		12. AGE (In years; last birthday) <b>64</b>	
13. FATHER'S NAME <b>Gaspere Amadio</b>		14. MOTHER'S MAIDEN NAME <b>Pasqualina Pasquelini</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes 1st W.W.</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Maria Amadio (Wife)</b>		18. ADDRESS <b>1501 S. Charles</b>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Carcinoma of Sigmoid Colon 2 yr?</b> DUE TO (B) <b>Metastatic Carcinoma of Lungs 6 mo</b> DUE TO (C) <b>Cardiac Dilatation</b>		INTERVAL BETWEEN ONSET AND DEATH	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION <b>0</b>		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
24. ACCIDENT, SUICIDE, HOMICIDE (Specify)		25. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) <b>0</b>		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?			
30. I hereby certify that I attended the deceased from <b>Sept. 1, 1951</b> , to <b>Jan. 2, 1952</b> , that I last saw the deceased alive on <b>Jan. 2, 1952</b> , and that death occurred at <b>9:25 a.m.</b> , from the causes and on the date stated above.			
31. SIGNATURE <b>Vincent M. Trusina</b>		32. ADDRESS <b>1403 S. Charles St</b>	
33. DATE SIGNED <b>1/2/52</b>			
34. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		35. DATE <b>Jan. 5 1952</b>	
36. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>		37. LOCATION (City, town, or county) (State) <b>4430 Belair Rd. Balt. Md.</b>	
38. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 4 - 1952</b>		39. REGISTRAR'S SIGNATURE <b>Carlyle W. Williams</b>	
40. FUNERAL DIRECTOR <b>Frank DellaLuce</b>		41. ADDRESS <b>322 S. High St.</b>	
VS 150		5828E	
		46E	

1. The first part of the report is a summary of the work done during the year.

2. The second part is a detailed account of the work done during the year.

3. The third part is a summary of the work done during the year.

4. The fourth part is a summary of the work done during the year.

5. The fifth part is a summary of the work done during the year.

6. The sixth part is a summary of the work done during the year.

7. The seventh part is a summary of the work done during the year.

8. The eighth part is a summary of the work done during the year.

9. The ninth part is a summary of the work done during the year.

10. The tenth part is a summary of the work done during the year.

11. The eleventh part is a summary of the work done during the year.

12. The twelfth part is a summary of the work done during the year.

13. The thirteenth part is a summary of the work done during the year.

14. The fourteenth part is a summary of the work done during the year.

15. The fifteenth part is a summary of the work done during the year.

16. The sixteenth part is a summary of the work done during the year.

17. The seventeenth part is a summary of the work done during the year.

18. The eighteenth part is a summary of the work done during the year.

19. The nineteenth part is a summary of the work done during the year.

20. The twentieth part is a summary of the work done during the year.

21. The twenty-first part is a summary of the work done during the year.

22. The twenty-second part is a summary of the work done during the year.

52  
0073

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0673

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Carrie Lawrence

2. DATE  
OF  
DEATH

Jan. 2/52

PLACE OF DEATH:  
Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address of location)  
OSPITAL OR INSTITUTION

Nursing Home  
6028 Old Harford Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

Formerly of 1253 N. Broadway

Length of stay in Baltimore Life

1. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Female White Widow

8. DATE OF BIRTH 9. AGE (In years last birthday) 10. Under 1 Year 11. Under 24 Hours  
May 11, 1864 87 Months: Days Hours: Min.

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  
Balto. Md.

13. FATHER'S NAME  
-----Rohrbach

14. MOTHER'S MAIDEN NAME  
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
No, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mrs. Catherine Primus, 4410 Sedgewick

18. 490X I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
CAUSE OF DEATH  
Pneumonia Lobar

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. INJURY

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1951, 19, to 1/13/52, 19, that I last saw the deceased alive on 12/31/51, 19, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan. 5/52

Woodlawn Cem. Woodlawn, Md.

1/13/52

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

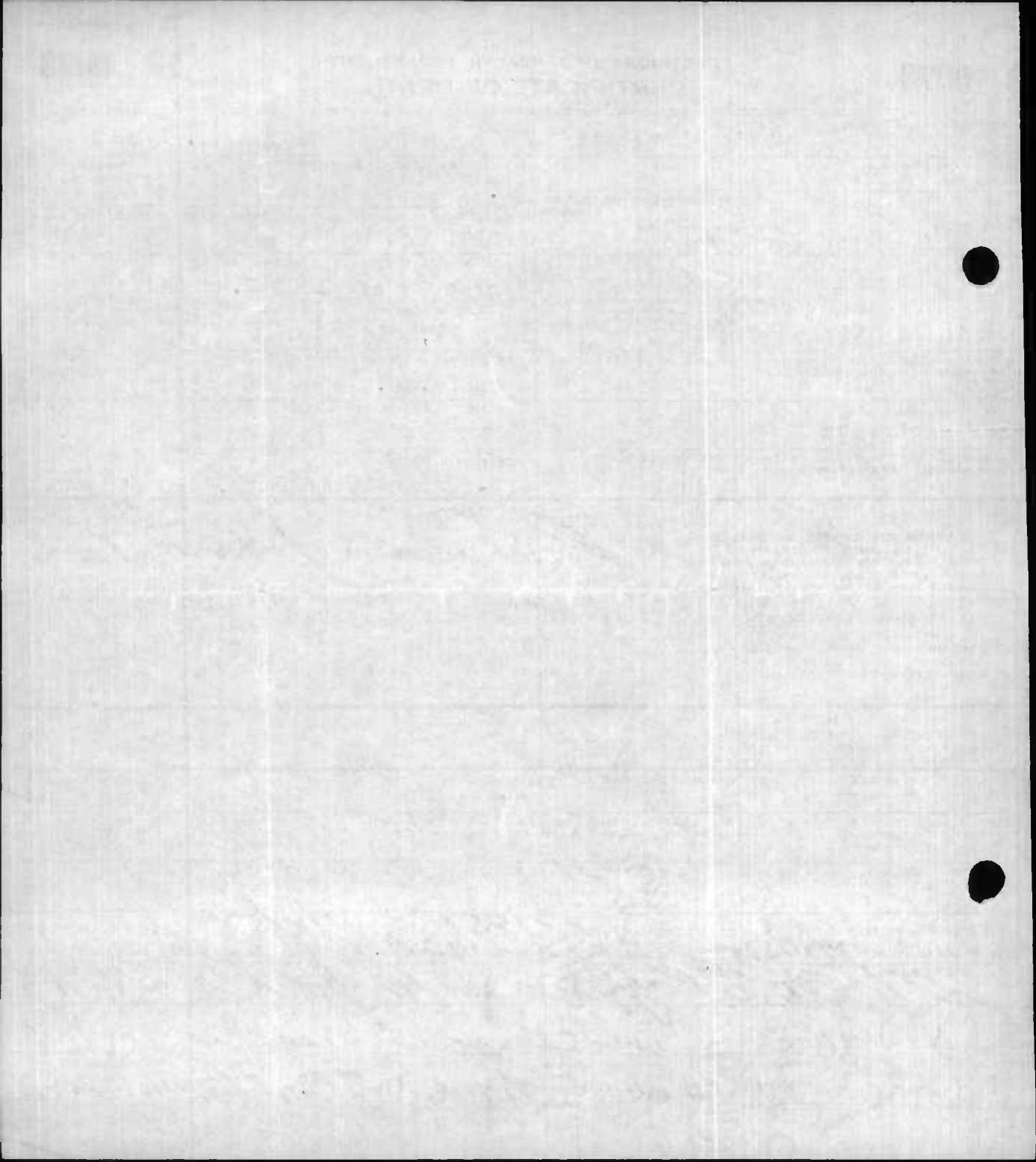
ADDRESS

JAN 5 - 1952

Walter E. Kayser

4331 Hybrid Rd

4101 Edmond-



220  
0074

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0074  
Registered No.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM E. RUZICKA

2. DATE OF DEATH

January 1, 1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  
A. STATE Maryland  
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
Doctors Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

7. STREET ADDRESS (If rural, give location)  
1512 N. Kenwood Avenue

8. DATE OF BIRTH  
July 15, 1903

9. AGE (In years last birthday)  
48

10. MONTH OF BIRTH  
8-03

11. BIRTH PLACE (State or foreign country)  
Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME  
Emil

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT  
Mrs. Margaret Ruzicka wife

18. ADDRESS

18. 330 X  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
Ruptured congenital aneurysm of the circle of Willis

19. CAUSE OF DEATH  
Hemorrhage into the left internal capsule

20. INTERVAL BETWEEN ONSET AND DEATH

21. DATE OF OPERATION

22. MAJOR FINDINGS OF OPERATION

23. AUTOPSY?  
YES ☒ NO ☐

24. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

27. TIME (Month) (Day) (Year) (Hour) OF INJURY

28. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

29. HOW DID INJURY OCCUR?

30. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

31. SIGNATURE  
William Wood

32. CHIEF MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAMINER  
MEDICAL INVESTIGATOR

33. DATE SIGNED  
Jan. 2, 1952

34. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

35. DATE  
Jan. 5/52

36. NAME OF CEMETERY OR CREMATORY  
Moreland Memorial

37. LOCATION (City, town, or county) (State)  
Baltimore, Md

38. DATE RECEIVED BY LOCAL REGISTRAR  
JAN 5 - 1952

39. REGISTRAR'S SIGNATURE  
Harry F. Wintzke

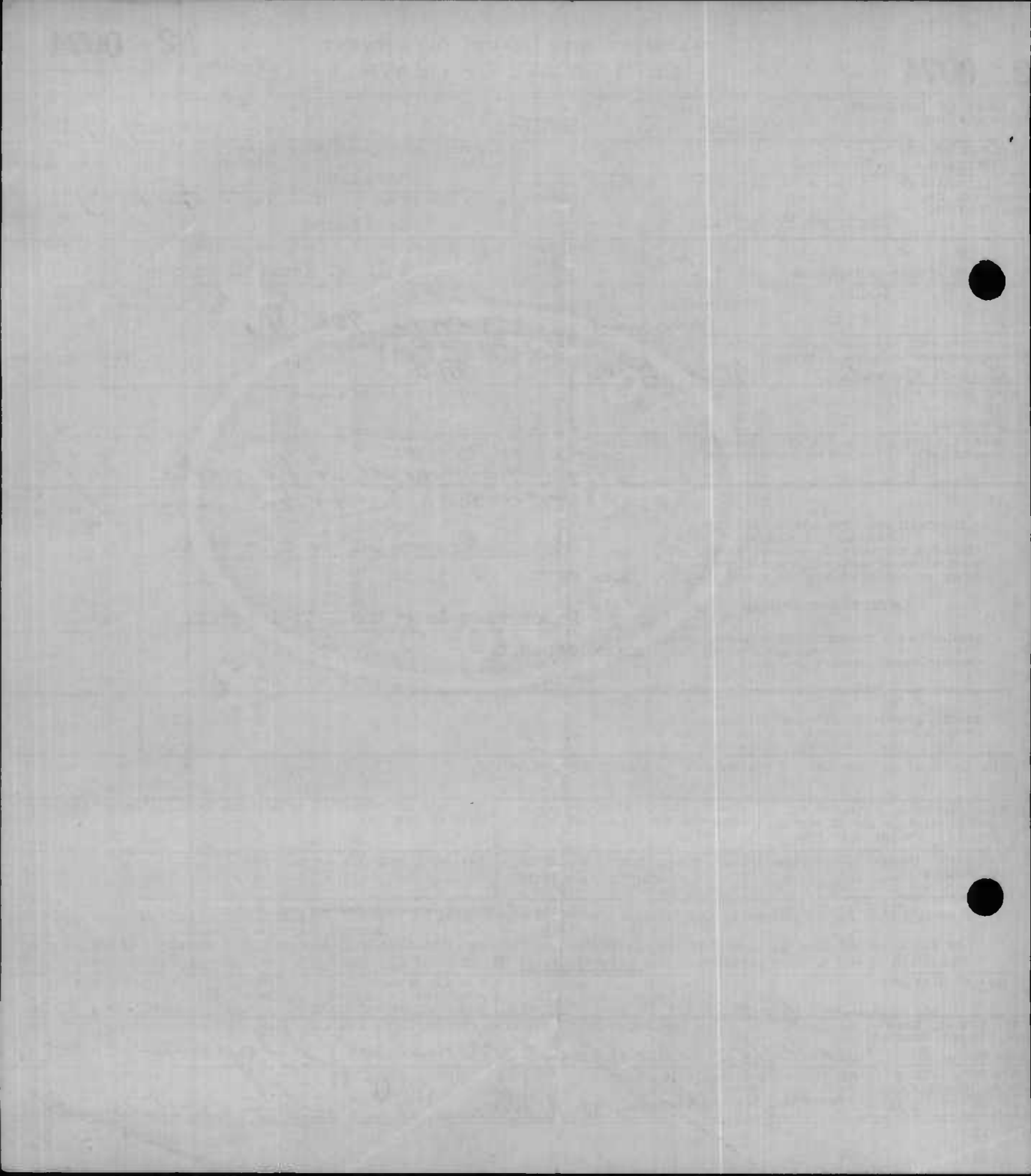
40. FUNERAL DIRECTOR  
41. ADDRESS  
4101 Edmondson Ave

VS 151

502 4th

157F Ave

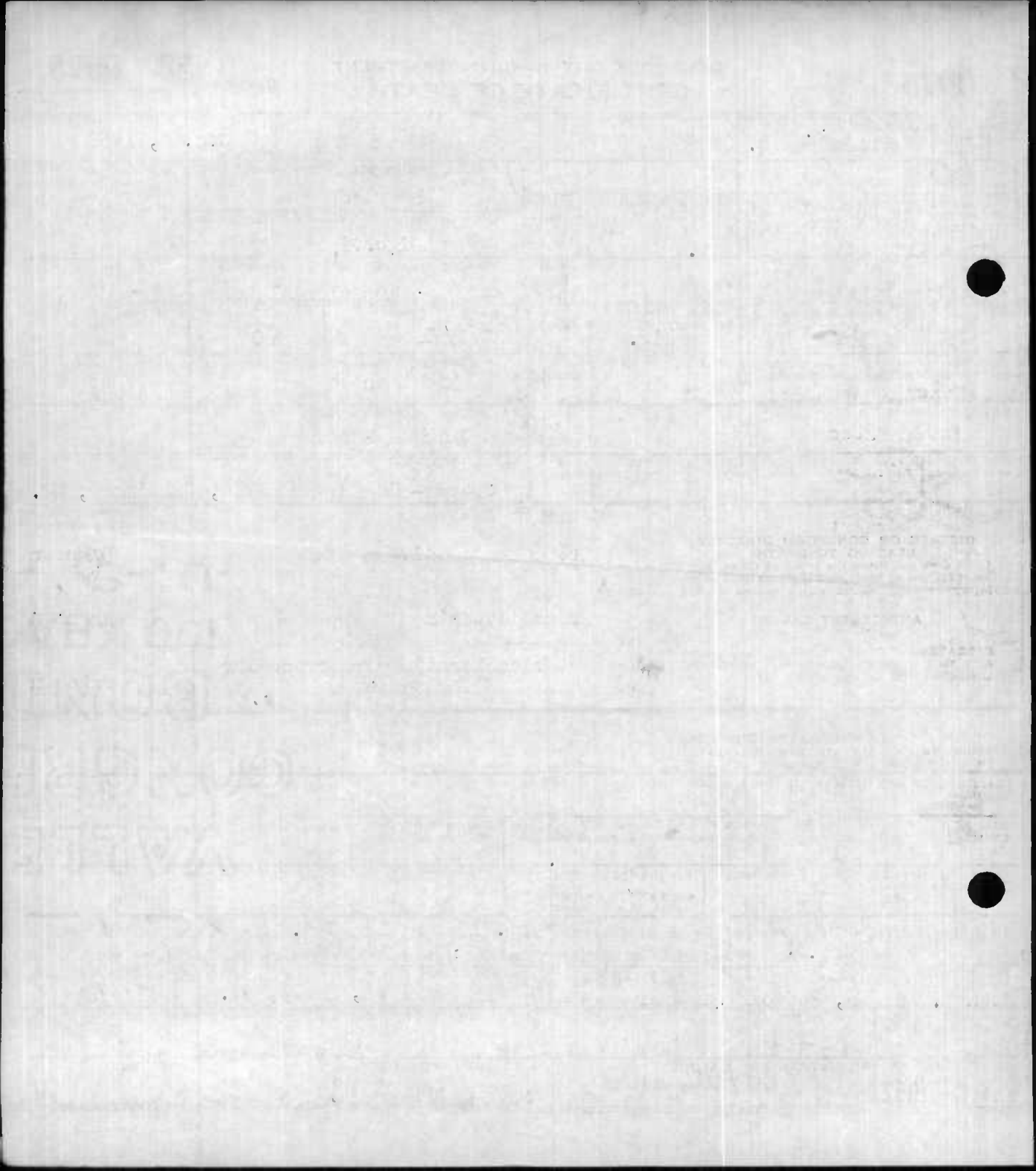




320  
2 0075BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0075

1. NAME OF DECEASED (Type or Print) ELLSWORTH D. BATES		2. DATE OF DEATH Jan. 4, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pikesville 5300	
6. Length of stay in Baltimore ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4110 Colonial Road ✓	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Div.	10. DATE OF BIRTH 6/4/71
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student - North Monticome City of Chicago		12. AGE (In years last birthday) 80	13. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
14. FATHER'S NAME David Bates		15. BIRTHPLACE (State or foreign country) Michigan	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) ?		17. CITIZEN OF WHAT COUNTRY? USA	
18. SOCIAL SECURITY NO. ?		19. MOTHER'S MAIDEN NAME Hannah Mather	
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) ?		21. INFORMANT ADDRESS Records- US PHS HOSPITAL, Baltimore, Md.	
22. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Bronchopneumonia (A) DUE TO		23. INTERVAL BETWEEN ONSET AND DEATH Unknown	
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Bronchiectasis (B) DUE TO		25. Unknown	
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		27. Unknown	
28. DATE OF OPERATION ?		29. MAJOR FINDINGS OF OPERATION	
30. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
34. TIME (Month) (Day) (Year) (Hour) OF INJURY		35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
36. HOW DID INJURY OCCUR?			
37. I hereby certify that I attended the deceased from Oct. 12, 1951 to Jan. 4, 1952 that I last saw the deceased alive on Jan. 4, 1952, and that death occurred at 9:14 a. m., from the causes and on the date stated above.			
38. SIGNATURE John L. Wilson, Medical Director		39. ADDRESS US PHS HOSPITAL, BALTO, MD.	
40. DATE SIGNED 1/4/52			
41. BURIAL, CREMATION, REMOVAL (Specify)		42. DATE	
43. NAME OF CEMETERY OR CREMATORY		44. LOCATION (City, town, or county) (State)	
45. DATE RECEIVED BY LOCAL REGISTRAR JAN 5 - 1952		46. REGISTRAR'S SIGNATURE For Williams, M.D.	
47. FUNERAL DIRECTOR		48. ADDRESS	



455  
2 0076

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0076  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mary E. Flemming</i>		2. DATE OF DEATH <i>January 2, 1952</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
7. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		8. STREET ADDRESS (If rural, give location) <i>4905 Frankford Ave.</i>	
9. SEX <i>Female</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	12. DATE OF BIRTH <i>9-15-82</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		14. AGE (In years last birthday) <i>69</i>	
15. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		16. BIRTHPLACE (State or foreign country) <i>Balto., Co., Md.</i>	
17. FATHER'S NAME <i>John Sippel</i>		18. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		20. MOTHER'S MAIDEN NAME <i>Sueann Frisky</i>	
21. SOCIAL SECURITY NO. <i>None</i>		22. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23. CAUSE OF DEATH 18. <i>420.0 and 170x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>aortic stenosis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>arteriosclerotic heart disease</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>adenocarcinoma corpus uteri</i>			
24. INTERVAL BETWEEN ONSET AND DEATH <i>unk.</i>			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>3 yrs</i>			
19A. DATE OF OPERATION <i>12/9/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>adenocarcinoma corpus uteri</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) <i>12-18, 1951, to 1-2, 1952</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>12-18, 1951, to 1-2, 1952</i> , that I last saw the deceased alive on <i>1-2, 1952</i> , and that death occurred at <i>10:52 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Josephine P. Harrison</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>Jan. 5, 1952</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		24B. DATE <i>Jan. 5, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Jerusalem Luth. Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>	
25. FUNERAL DIRECTOR <i>Josephine P. Harrison</i>		26. ADDRESS <i>7401 Belair Rd.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 5 - 1952</i>		REGISTRAR'S SIGNATURE <i>Hamilton M. Higgins</i>	

IN SENATE

January 1, 1900

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

FOR THE YEAR

ENDING

DECEMBER 31, 1900

ALBANY:

WEDDERBURN & COMPANY, PRINTERS

1901

NEW YORK

1901

1901

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52-0077**

1. NAME OF DECEASED (Type or Print) <b>JAMES L. CASSARD</b>		2. DATE OF DEATH <b>Jan. 3rd, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Ardenleigh Nursing Home</b>		6. STREET ADDRESS (If rural, give location) <b>3720 Gwynn Oak Avenue</b>	
7. Length of stay in Baltimore Yrs. Mos. Days <b>1</b>		8. DATE OF BIRTH <b>July 5th, 1868</b>	
9. SEX <b>male</b>	10. COLOR OR RACE <b>white</b>	11. AGE (in years last birthday) <b>83</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Louis A. Cassard</b>		14. MOTHER'S MAIDEN NAME <b>Emily McCurley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>W. Va.</b>	
17. INFORMANT <b>Mrs. Robert Coxon</b>		ADDRESS <b>Lane Parkside Drive &amp; Brehms</b>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Anteriscedent heart disease</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YY) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) <b>Jan. 2, 1952</b>		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. HOW DID INJURY OCCUR?	
25. I hereby certify that I attended the deceased from <b>Nov. 9, 1951</b> to <b>Jan. 3, 1952</b> that I last saw the deceased alive on <b>Jan. 2, 1952</b> and that death occurred at <b>2:30 p.m.</b> from the causes and on the date stated above.					
26A. SIGNATURE <b>Robert A. Rexter</b>		26B. ADDRESS <b>3408 Windsor Ave</b>		26C. DATE SIGNED <b>1/4/52</b>	
27A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		27B. DATE <b>Jan. 5, 1952</b>		27C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>	
27D. LOCATION (City, town, or county) <b>Balto., Md.</b>		27E. FUNERAL DIRECTOR <b>Lappalugh Funeral Home</b>		27F. ADDRESS <b>7401 Belair Rd.</b>	



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510  
52 0078  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0078  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>JOSEPHINE KNAPP</b>			2. DATE OF DEATH <b>January 3, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Lutheran Hospital of Md.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore <b>LIFE</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1310 Poplar Grove St.</b>		
7. SEX <b>F</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	10. DATE OF BIRTH <b>JAN 2 1871</b>	11. AGE (In years last birthday) <b>81</b>	12. If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>			11. BIRTHPLACE (State or foreign country) <b>BALTIMORE</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>CHARLES H.</b>			14. MOTHER'S MAIDEN NAME <b>KNELL</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <b>NONE</b>		
17. INFORMANT <b>CHARLES W. KNAPP</b>			18. ADDRESS <b>509 MACE AVE ESSEX, MD</b>		

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>JAN 7 - 52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>DEWICKIDGE</b>		24D. LOCATION (City, town, or county) (State) <b>PIKESVILLE MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 5 - 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. Williams</b>		25. FUNERAL DIRECTOR <b>MARIE C BYER</b>		ADDRESS <b>1600 W. NORTH AVE</b>	

8500 50

8500



652  
02 0079

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

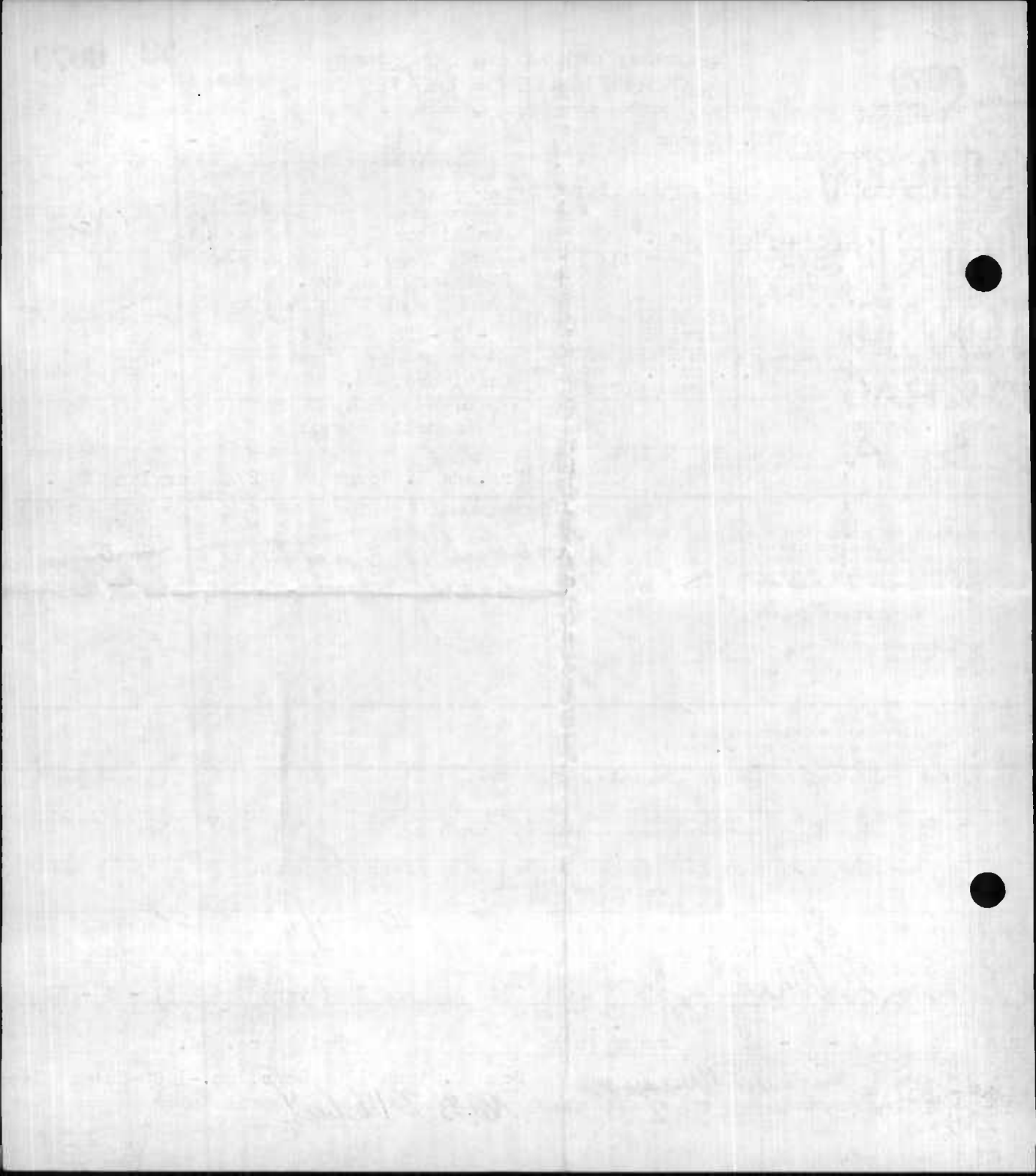
52 0079  
Registered No.

1. NAME OF DECEASED (Type or Print)		Job D. Corns		2. DATE OF DEATH 1 - 2 - 52	
3. PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 2748 Maryland Ave.				C. CITY OR TOWN (If outside corporate limits, write FULL name and give township) Baltimore	
6. SEX male				7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
8. COLOR OR RACE white				9. AGE (In years last birthday) 67	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Safety Engineer				11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. FATHER'S NAME Job D. Corns				13. CITIZEN OF WHAT COUNTRY? U. S.	
14. MOTHER'S MAIDEN NAME Jeannette Stewart				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.				17. INFORMANT Mrs. Ada W. Corns	
18. ADDRESS 2748 Maryland Ave.				19. DATE OF BIRTH 3 - 3 - 83	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 572-1		CAUSE OF DEATH (A) Dissected & rupture terminally		INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 to 1/5, 1957, that I last saw the deceased alive on 1/5, 1957, and that death occurred at 11:00 m., from the causes and on the date stated above.					
23A. SIGNATURE Ramon L. Warcher for		23B. ADDRESS 2900 Alameda Boulevard		23C. DATE SIGNED 1 - 3 - 51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1 - 5 - 51		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		ADDRESS 1900 Eutaw Place	

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045-91  
123



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0080

Registered No.

160  
0080  
BIRTH NO.

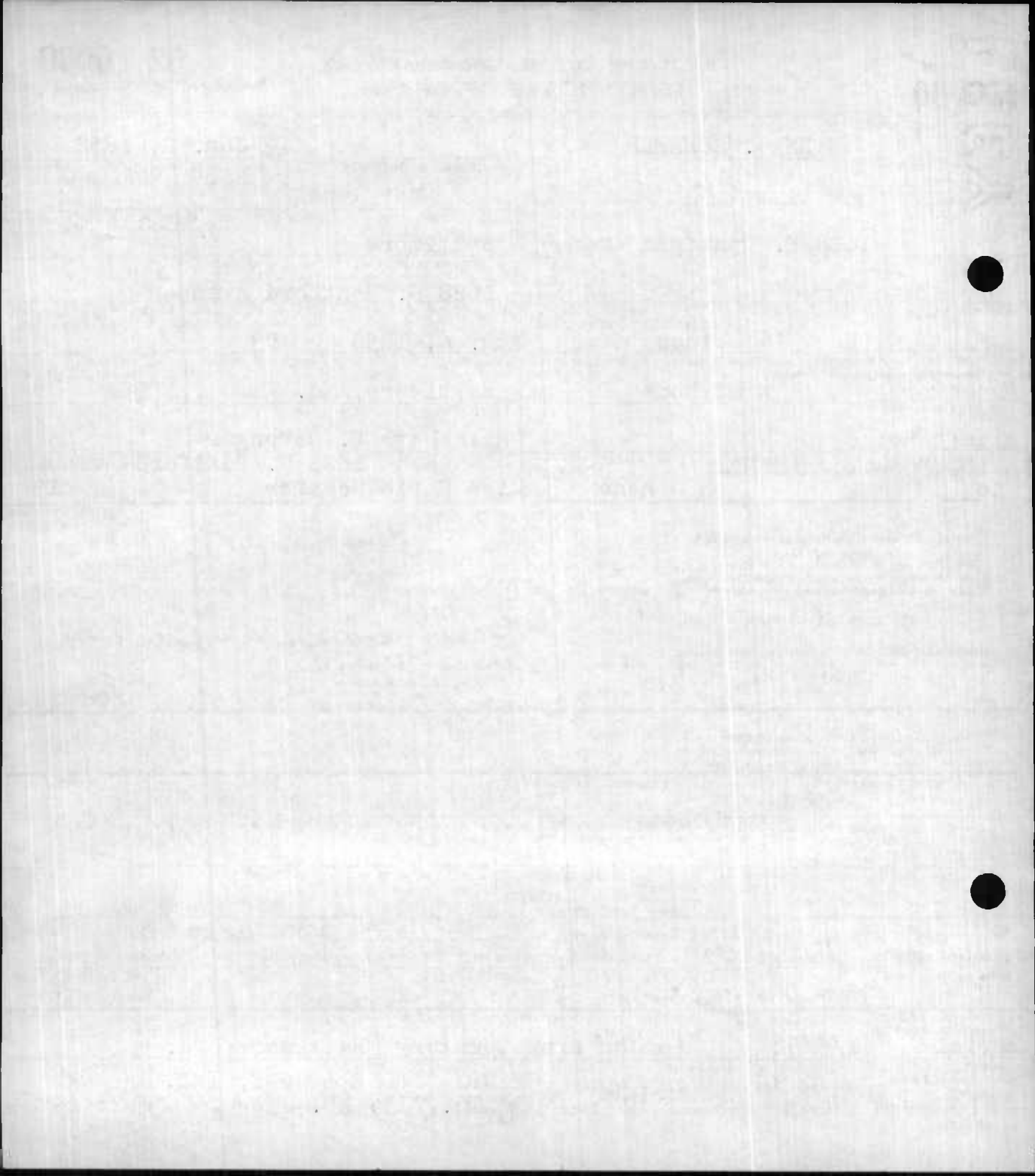
1. NAME OF DECEASED (Type or Print) <b>MARY G. SCHAFER</b>			2. DATE OF DEATH <b>Jan. 2, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>1628 N. Montford Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>1628 N. Montford Avenue</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Aug. 6, 1858</b>		9. AGE (In years last birthday) <b>93</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>Albert Heise</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth C. Covenger</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>1628 N. Montford Avenue</b> <b>Miss Marie Schafer</b> <b>13</b>		

18. <b>592X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Bronchopneumonia</b> <b>Uncomplicated</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>3 days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Mild Hypertension, Diabetes, Arteriosclerosis, Hypertension, Chronic Interstitial Nephritis</b>		<b>10 days</b> <b>5th</b> <b>2nd</b> <b>1st</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 21, 1951</b> to <b>January 2, 1952</b> , that I last saw the deceased alive on <b>January 1, 1952</b> , and that death occurred at <b>7:45 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Thomas P. Stevens</b> M. D.		23B. ADDRESS <b>2878 Hartford Rd</b>		23C. DATE SIGNED <b>Jan 2 52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>1/5/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 5 - 1952</b>		REGISTRAR'S SIGNATURE <i>William M. Williams</i>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b> <b>BALTO. 713 MD.</b> <i>Secy. H. Sander</i> <b>121a</b>





200  
52 0081BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0081

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
AUGUST FERDINAND RIES		1952 January 3, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 302 Northway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-11	
6. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 302 Northway	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	10. AGE (In years last birthday) Dec. 25, 1875 76
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician		12. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME John A. Ries		14. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Robert T. Brown		18. ADDRESS 302 Northway	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY ARTERY OCCLUSION CORONARY ARTERIOSCLEROSIS DUE TO RHEUMATIC HEART DISEASE INACTIVE 40 YEARS MITRAL STENOSIS AND INSUFFICIENCY AORTIC STENOSIS AND INSUFFICIENCY DUE TO (C) ...		INTERVAL BETWEEN ONSET AND DEATH 1 month	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		24. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
25. TIME (Month) (Day) (Year) (Hour) INJURY		26. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
27. I hereby certify that I attended the deceased from Dec 1, 1951, to January 3, 1952, that I last saw the deceased alive on Dec 28, 1952, and that death occurred at 8 A. M., from the causes and on the date stated above.		28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
29. SIGNATURE Richard D. Tellman		30. ADDRESS 1035 St. Paul St	
31. DATE 1/5/52		32. DATE SIGNED Jan 4, 1952	
33. BURIAL, CREMATION, REMOVAL (Specify) entombment		34. NAME OF CEMETERY OR CREMATORY Greenmount Cemetery	
35. DATE RECEIVED BY LOCAL REGISTRAR JAN 5 - 1952		36. LOCATION (City, town, or county) (State) Baltimore, Md.	
37. REGISTRAR'S SIGNATURE [Signature]		38. FUNERAL DIRECTOR HENRY SAMPSON & SONS, INC. BALTIMORE, 13, MD.	

92c

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82

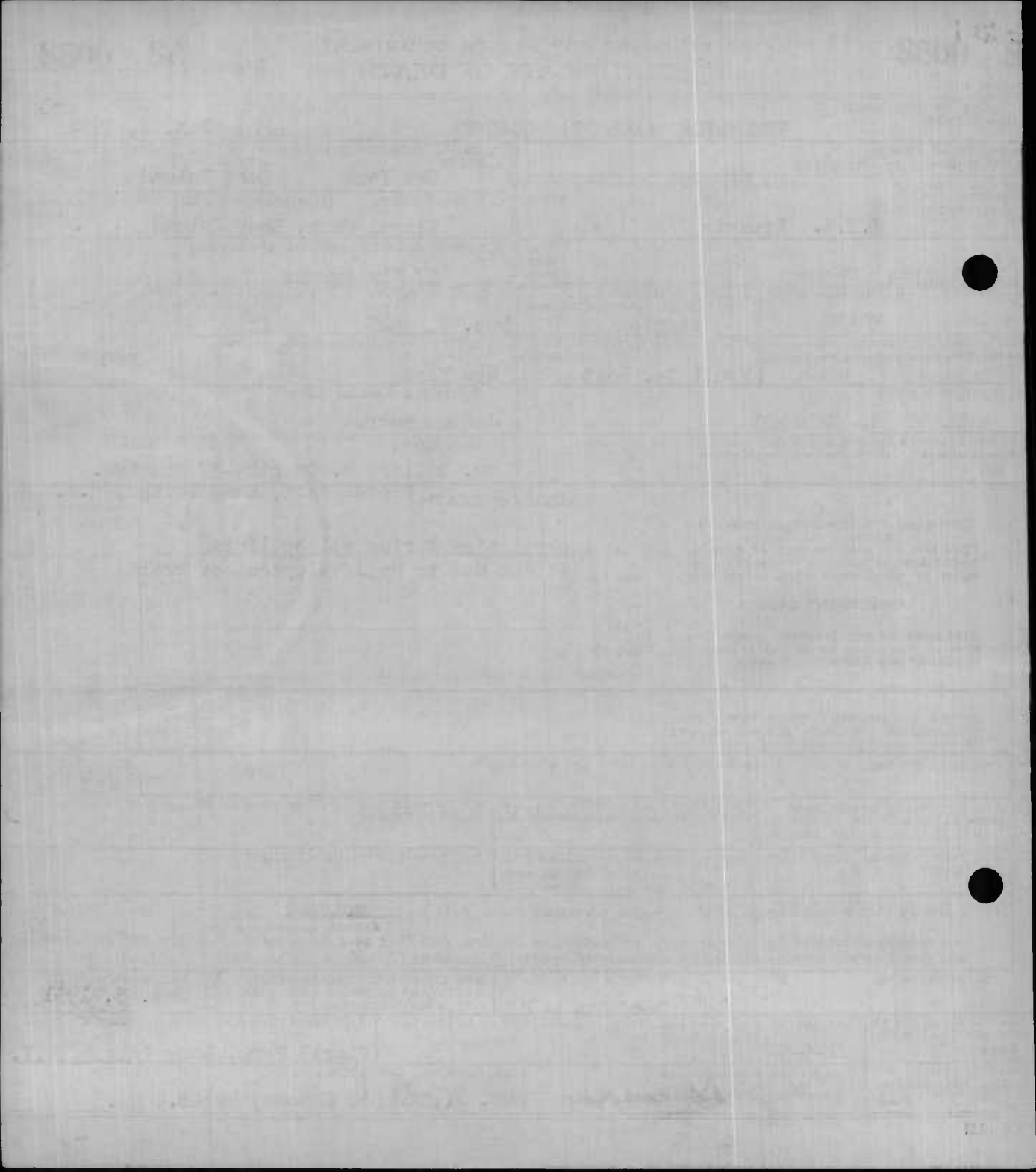
1

251 0082

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0082

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>FREDERICK (HUBERT) QUARMBY</b>		2. DATE OF DEATH <b>Jan. 4, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>New York</b> B. COUNTY <b>Long Island</b>			
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>S.S. Esparta</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Floral Park, Long Island</b>			
6. I was in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>57 Elm Avenue</b>			
7. SEX <b>male</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	10. DATE OF BIRTH <b>Dec. 8, 1927</b>	11. AGE (In years last birthday) <b>24</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>HILLARY H. QUARMBY</b>		14. MOTHER'S MAIDEN NAME <b>Jeane Morrow</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <b>Mr. Hillary H. Quarmby-57 Elm Ave. Floral Park, Long Island, N.Y.</b>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Asphyxiation during epileptiform attack due to maldevelopment of brain</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>(B)</b> <b>(C)</b> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R S Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Jan. 5, 1951</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>1-5-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Floral Park, Long Island, N.Y.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 5 - 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. J. O'Tickner</b>		25. FUNERAL DIRECTOR ADDRESS <b>Wm. J. O'Tickner &amp; Sons, Balto., Md.</b>	



Certificate Corrected 1/16/1952

BALTIMORE CITY HEALTH DEPARTMENT

52 0083

## CERTIFICATE OF DEATH

Registered No.

NAME OF DECEASED  
(Type or Print)

Theresa Ellen McGarity

2. DATE  
OF  
DEATH

1-4-52

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

Baltimore

FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Union Memorial Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Cockeysville, Md.

D. STREET ADDRESS (If rural, give location)

5200

Let of stay in Baltimore

9

Yrs.  
Mos  
DaysSEX 6. COLOR OR RACE 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Female

White

Single

8. DATE OF BIRTH

March 16, 1951

9. AGE (In years  
last birthday)

9 18

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

None - Infant

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Francis McGarity

14. MOTHER'S MAIDEN NAME

Mildred Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
None

17. INFORMANT

ADDRESS

Mother, Cockeysville, Md.

18. 591.0  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

(A) DUE TO

Severe Acidosis

8

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Otitis Media

1 wk.

(C) DUE TO

Vomiting and diarrhea for approx. 2 days  
prior to admission.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from January 3, 1952, to January 4, 1952, that I last saw the  
deceased alive on Jan. 4, 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

William A. Anderson

23B. ADDRESS

M. D.

Union Memorial Hospital

23C. DATE SIGNED

1-4-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Joseph's Church Cem.

24D. LOCATION (City, town, or county)

Texas, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. A. Anderson

25. GENERAL DIRECTOR

Wm. A. Anderson

ADDRESS

4510 Liberty  
Heights Ave.

VS 150

119a

See Document File 52-0083

1/16/52 ES



364  
2 0084

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0084

1. NAME OF DECEASED (Type or Print) <i>John Sterling</i>		2. DATE OF DEATH <i>JAN. 2, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>18-01</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>300 N. Fremont Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balti.</i>	
6. LENGTH OF STAY IN BALTIMORE Yrs. <i>1</i> Mos. <i>1</i> Days <i>1</i>		D. STREET ADDRESS (If rural, give location) <i>300 N. Fremont Ave.</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>Col.</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOW</i>	10. DATE OF BIRTH <i>May 12, 1900</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		12. AGE (In years last birthday) <i>51</i>	
13. FATHER'S NAME <i>Joe Sterling</i>		13. BIRTHPLACE (State or foreign country) <i>W. Columbia S.C.</i>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		14. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. SOCIAL SECURITY NO.		15. MOTHER'S MAIDEN NAME <i>Florence Sterling</i>	
16. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) <i>Gastric Cancer</i> DUE TO		17. ADDRESS <i>300 N. Fremont Ave.</i>	
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Gastric Cancer</i> DUE TO		19. INTERVAL BETWEEN ONSET AND DEATH	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION <i>0</i>		22. MAJOR FINDINGS OF OPERATION	
23. DATE OF OPERATION <i>0</i>		24. MAJOR FINDINGS OF OPERATION	
25. DATE OF OPERATION <i>0</i>		26. MAJOR FINDINGS OF OPERATION	
27. DATE OF OPERATION <i>0</i>		28. MAJOR FINDINGS OF OPERATION	
29. DATE OF OPERATION <i>0</i>		30. MAJOR FINDINGS OF OPERATION	
31. DATE OF OPERATION <i>0</i>		32. MAJOR FINDINGS OF OPERATION	
33. DATE OF OPERATION <i>0</i>		34. MAJOR FINDINGS OF OPERATION	
35. DATE OF OPERATION <i>0</i>		36. MAJOR FINDINGS OF OPERATION	
37. DATE OF OPERATION <i>0</i>		38. MAJOR FINDINGS OF OPERATION	
39. DATE OF OPERATION <i>0</i>		40. MAJOR FINDINGS OF OPERATION	
41. DATE OF OPERATION <i>0</i>		42. MAJOR FINDINGS OF OPERATION	
43. DATE OF OPERATION <i>0</i>		44. MAJOR FINDINGS OF OPERATION	
45. DATE OF OPERATION <i>0</i>		46. MAJOR FINDINGS OF OPERATION	
47. DATE OF OPERATION <i>0</i>		48. MAJOR FINDINGS OF OPERATION	
49. DATE OF OPERATION <i>0</i>		50. MAJOR FINDINGS OF OPERATION	
51. DATE OF OPERATION <i>0</i>		52. MAJOR FINDINGS OF OPERATION	
53. DATE OF OPERATION <i>0</i>		54. MAJOR FINDINGS OF OPERATION	
55. DATE OF OPERATION <i>0</i>		56. MAJOR FINDINGS OF OPERATION	
57. DATE OF OPERATION <i>0</i>		58. MAJOR FINDINGS OF OPERATION	
59. DATE OF OPERATION <i>0</i>		60. MAJOR FINDINGS OF OPERATION	
61. DATE OF OPERATION <i>0</i>		62. MAJOR FINDINGS OF OPERATION	
63. DATE OF OPERATION <i>0</i>		64. MAJOR FINDINGS OF OPERATION	
65. DATE OF OPERATION <i>0</i>		66. MAJOR FINDINGS OF OPERATION	
67. DATE OF OPERATION <i>0</i>		68. MAJOR FINDINGS OF OPERATION	
69. DATE OF OPERATION <i>0</i>		70. MAJOR FINDINGS OF OPERATION	
71. DATE OF OPERATION <i>0</i>		72. MAJOR FINDINGS OF OPERATION	
73. DATE OF OPERATION <i>0</i>		74. MAJOR FINDINGS OF OPERATION	
75. DATE OF OPERATION <i>0</i>		76. MAJOR FINDINGS OF OPERATION	
77. DATE OF OPERATION <i>0</i>		78. MAJOR FINDINGS OF OPERATION	
79. DATE OF OPERATION <i>0</i>		80. MAJOR FINDINGS OF OPERATION	
81. DATE OF OPERATION <i>0</i>		82. MAJOR FINDINGS OF OPERATION	
83. DATE OF OPERATION <i>0</i>		84. MAJOR FINDINGS OF OPERATION	
85. DATE OF OPERATION <i>0</i>		86. MAJOR FINDINGS OF OPERATION	
87. DATE OF OPERATION <i>0</i>		88. MAJOR FINDINGS OF OPERATION	
89. DATE OF OPERATION <i>0</i>		90. MAJOR FINDINGS OF OPERATION	
91. DATE OF OPERATION <i>0</i>		92. MAJOR FINDINGS OF OPERATION	
93. DATE OF OPERATION <i>0</i>		94. MAJOR FINDINGS OF OPERATION	
95. DATE OF OPERATION <i>0</i>		96. MAJOR FINDINGS OF OPERATION	
97. DATE OF OPERATION <i>0</i>		98. MAJOR FINDINGS OF OPERATION	
99. DATE OF OPERATION <i>0</i>		100. MAJOR FINDINGS OF OPERATION	

MEDICAL CERTIFICATION



625  
2 0085BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0085  
Registered No. \_\_\_\_\_

IRTH NO. \_\_\_\_\_

NAME OF DECEASED  
(Type or Print)

Edna W Morgan

2. DATE  
OF  
DEATH

1/3/52

PLACE OF DEATH:

Baltimore City, Maryland

Grade Parkdale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

623 N Washington St

FULL NAME OF (If not in hospital or institution, give street address or location)

OSPITAL OR INSTITUTION

Ardleigh's Nursing Home

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

1892

9. AGE (In years  
last birthday)

79

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF  
WHAT COUNTRY?

3. FATHER'S NAME

Wm F Cullen Sr

14. MOTHER'S MAIDEN NAME

Heissel

5. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

C Melba Cullen 602 Hollen Rd

18. 4221 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)(A) .....  
DUE TO

myocardial degeneration

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) .....  
DUE TOarteriosclerotic cordis  
coronaria disease(C) .....  
DUE TO

arteriosclerosis

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Parkinson's disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from July, 1940, to Jan 3, 1952, that I last saw the  
deceased alive on Jan 3, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

John J Gould

M. D.

23B. ADDRESS

14 N East Ave

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

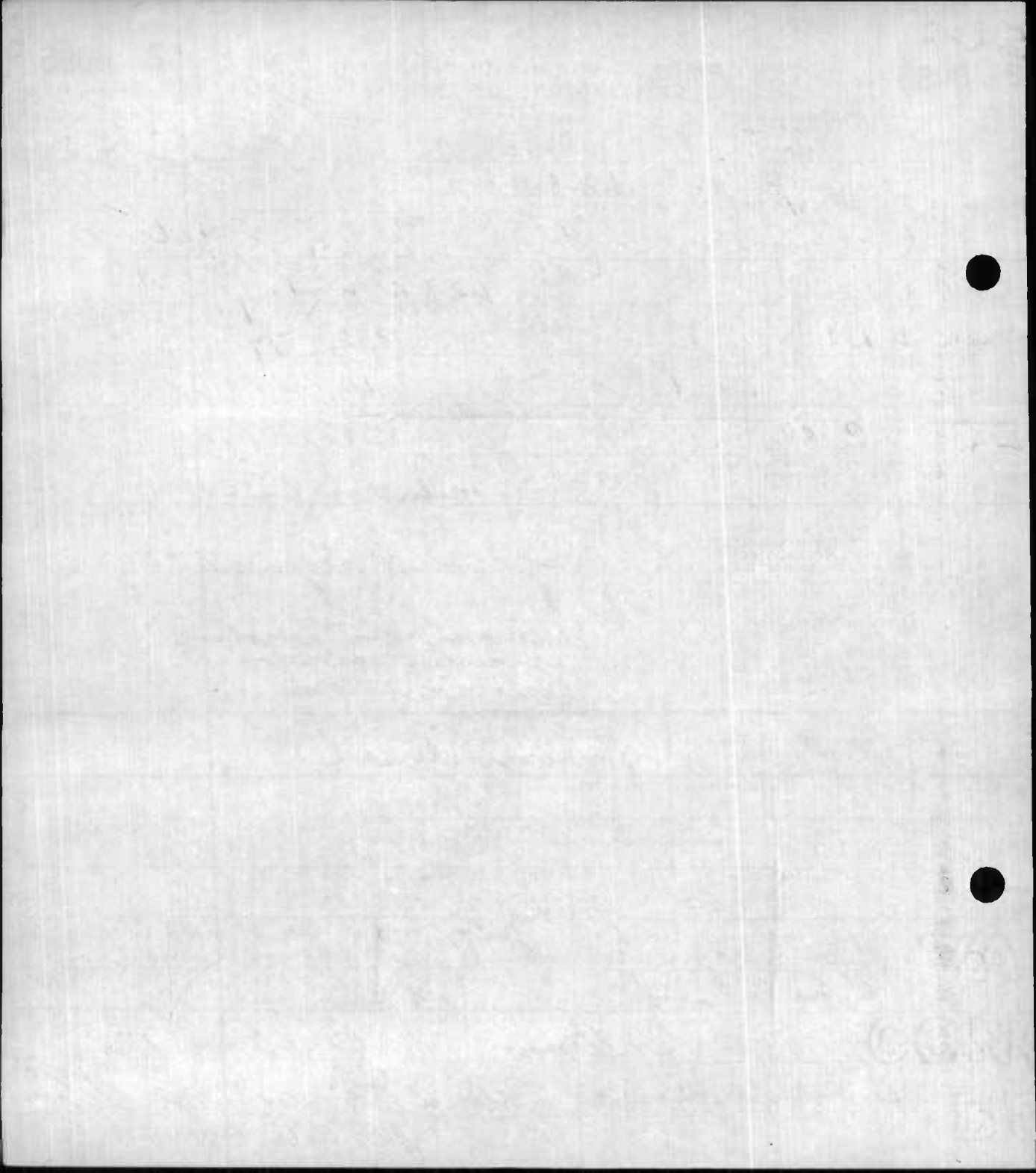
ADDRESS

JAN 5 - 1952

Thurston for Baltimore

Ulrich Funeral Home Chicago

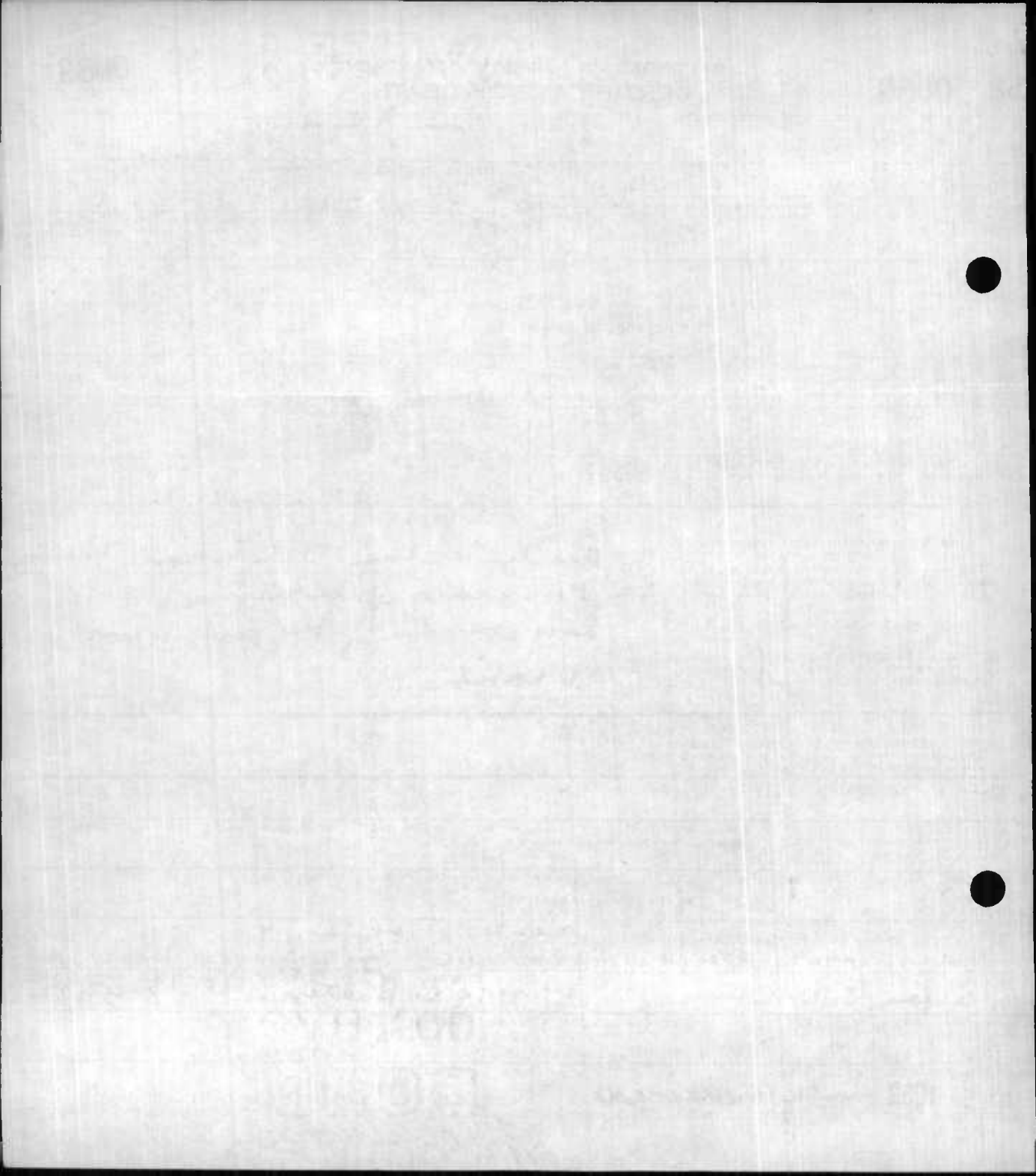
John Ulrich Jr 937



520  
52 0086  
RTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0086

NAME OF DECEASED (Type or Print) <b>Maude Famous</b>		2. DATE OF DEATH <b>Jan. 4, 1952</b>	
PLACE OF DEATH: <b>Baltimore City, Maryland 112 S. Bouldin St.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>At home</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>112 S. Bouldin St.</b>		26-10	
Length of stay in Baltimore Yrs. Mos. Days		9. AGE (In years last birthday) <b>72</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 26, 1879</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>George Courtney</b>		14. MOTHER'S MAIDEN NAME <b>Hannah Griffin</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>John Famous</b>		ADDRESS <b>112 S. Bouldin St.</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Death Cardiac Distention</b> <b>Pulmonary Oedema</b> <b>Long standing Hypertension</b> <b>Diabetes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) (Day) (Night)		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Dec 30 - 1949</b> to <b>Jan. 4, 1952</b> , that I last saw the deceased alive on <b>Jan. 4, 1952</b> , and that death occurred at <b>11:4 m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Allen C. Beetham</b>		23B. ADDRESS <b>3139 E. Baetina St</b>	
23C. DATE SIGNED <b>1-5-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan 7, 1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Spesutia Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>Perryman, Md.</b>	
25. FUNERAL DIRECTOR <b>John W. Williams</b>		ADDRESS <b>11111 Home 2008 Orleans St</b>	





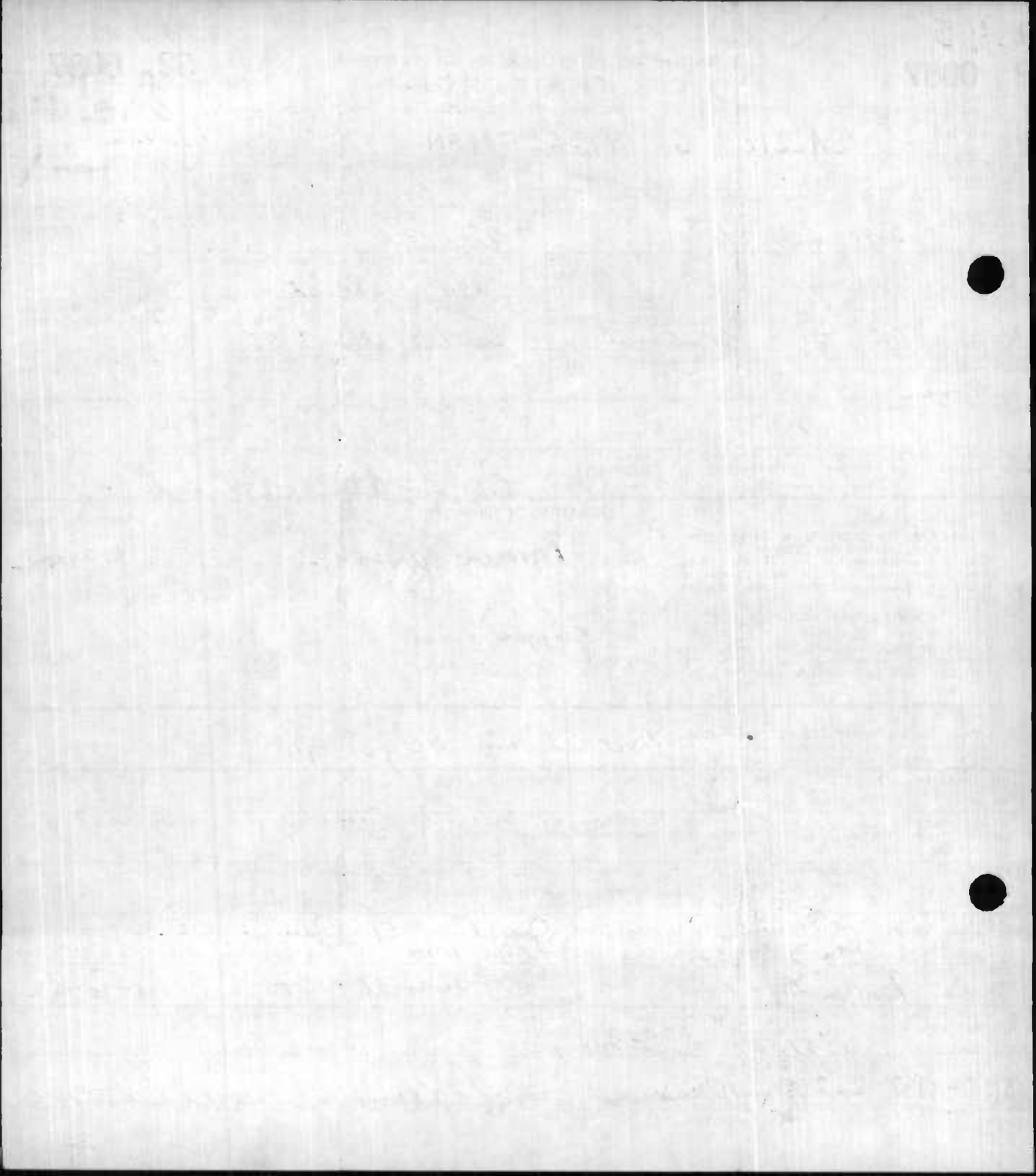
2 45  
2 0087

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0087

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
SALLIE G. RIGGLEMAN		1/3/52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location) 3690 Ash St.		A. STATE Ind. B. COUNTY	
5. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto	
6. SEX Female		D. STREET ADDRESS (If rural, give location) 3690 Ash St.	
7. COLOR OR RACE White	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. DATE OF BIRTH June 26, 1866	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	11. KIND OF BUSINESS OR INDUSTRY -	12. AGE (In years last birthday) 85	
13. FATHER'S NAME ?		14. BIRTHPLACE (State or foreign country) Va	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -		16. CITIZEN OF WHAT COUNTRY? ✓	
17. SOCIAL SECURITY NO. -		18. INFORMANT ADDRESS Lucy C. Norman 3690 Ash St.	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 480 X 1 DUE TO (A) Broncho-pneumonia		INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Grippe			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fractured hip one yr. ago			
22. DATE OF OPERATION 0		23. MAJOR FINDINGS OF OPERATION	
24. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
28. TIME (Month) (Day) (Year) (Hour) OF INJURY		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. HOW DID INJURY OCCUR?			
31. I hereby certify that I attended the deceased from Jan. 1, 1951 to Jan. 3, 1952 that I last saw the deceased alive on Jan. 3, 1952 and that death occurred at 12:30 p. m., from the causes and on the date stated above.			
32. SIGNATURE Helen Hoffman		33. ADDRESS 846 W. 36th St.	
34. DATE SIGNED 1-4-52			
35. BURIAL, CREMATION, REMOVAL (Specify) Burial		36. DATE 1/7/52	
37. NAME OF CEMETERY OR CREMATORY St Mary's		38. LOCATION (City, town, or county) Hampden	
39. DATE RECEIVED BY LOCAL REGISTRAR JAN 5 - 1952		40. REGISTRAR'S SIGNATURE	
41. FUNERAL DIRECTOR		42. ADDRESS	
Paul E. Schenck		3615-17 Chestnut Ave.	





560  
02 0088

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0088  
Registered No.

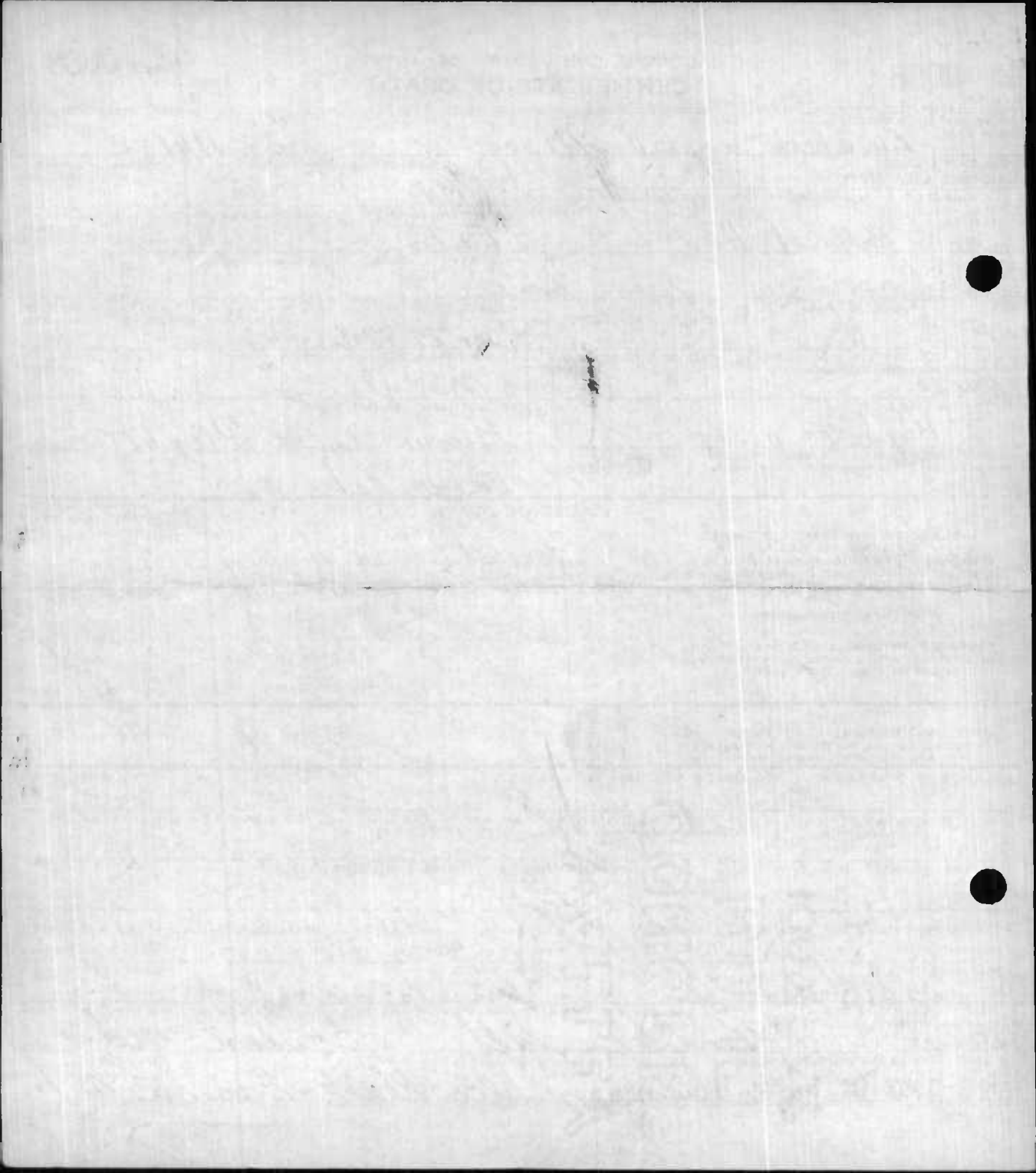
1. NAME OF DECEASED (Type or Print) <i>Elizabeth Campbell Henry</i>		2. DATE OF DEATH <i>1/4/52</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Talbot</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial H.</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Easton</i>	
7. Length of stay in Baltimore Yrs. Mos. Days <i>7033</i>		8. STREET ADDRESS (If rural, give location)	
9. SEX <i>F</i>	10. COLOR OR RACE <i>W</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	12. DATE OF BIRTH <i>June 29 1908</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse</i>		14. AGE (In years last birthday) <i>43</i>	
15. FATHER'S NAME <i>T. Hughett Henry</i>		16. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES (If yes, give war or dates of service) <i>Unknown</i>		18. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
19. SOCIAL SECURITY NO.		20. MOTHER'S MAIDEN NAME <i>Minnie Lowe Wrightson</i>	
21. INFORMANT <i>Father - Easton, Md.</i>		22. ADDRESS	

18. <i>175X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Generalized C of artery</i>	CAUSE OF DEATH (A) <i>Generalized C of artery</i> DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>1/4/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <i>Jan 4 1952</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sep. 11</i> , 19 <i>50</i> , to <i>Jan. 4</i> , 19 <i>52</i> ; that I last saw the deceased alive on <i>Jan. 4</i> , 19 <i>52</i> , and that death occurred at <i>4:10 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harold S. Green Jr.</i>		23B. ADDRESS <i>Union Memorial Hosp</i>		23C. DATE SIGNED <i>1-4-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>Jan 7 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Springhill</i>	
24D. LOCATION (City, town, or county) (State) <i>Easton - Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Springhill</i>		24F. LOCATION (City, town, or county) (State) <i>Easton - Md.</i>	
25. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 5 - 1952</i>		25. REGISTRAR'S SIGNATURE <i>William H. Williams</i>		25. FUNERAL DIRECTOR <i>Ellis Clark</i>	
25. ADDRESS <i>Easton Md.</i>		25. ADDRESS <i>Easton Md.</i>		25. ADDRESS <i>Easton Md.</i>	

05885

49a



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 0089**

**651**  
**0089**

1. NAME OF DECEASED (Type or Print) <b>SARAH GREENEBAUM.</b>		2. DATE OF DEATH <b>JAN 4th-1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>ALHAMBRA APTS-LAKE DRIVE. F 4</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>ALHAMBRA APTS.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE-MD. 13-01</b>	
6. Length of stay in Baltimore Yrs. <b>XX</b> Mos. Days		D. STREET ADDRESS (If rural, give location)	
7. SEX <b>FEMALE</b>	8. COLOR OR RACE <b>WHITE</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	10. DATE OF BIRTH <b>JUNE 17-1863</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NONE</b>		12. AGE (In years last birthday) <b>88</b>	
13. BIRTHPLACE (State or foreign country) <b>PHILADELPHIA-PA.</b>		14. CITIZEN OF WHAT COUNTRY?	
15. FATHER'S NAME <b>HERMAN GREENEBAUM.</b>		16. MOTHER'S MAIDEN NAME <b>LOUISE GUMP.</b>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. ADDRESS		20. INFORMANT <b>KATIE FINK--ALHAMBRA APTS.</b>	

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arterio-sclerosis</b>		<b>3 yrs</b>
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

21A. DATE OF OPERATION		21B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>no</b>		22B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		22C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
23A. TIME (Month) (Day) (Year) (Hour) <b>Jan 4, 1952</b>		23B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23C. HOW DID INJURY OCCUR?	
24. I hereby certify that I attended the deceased from <b>1950</b> to <b>Jan. 4<sup>th</sup></b> , 1952, that I last saw the deceased alive on <b>Jan 4<sup>th</sup></b> , 1952, and that death occurred at <b>1505</b> m., from the causes and on the date stated above.					
25A. SIGNATURE <b>J. Frederick Leitz</b>		25B. ADDRESS <b>Joseph Gardens</b>		25C. DATE SIGNED <b>1/4-52</b>	
26A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		26B. DATE <b>1/6/52</b>		26C. NAME OF CEMETERY OR CREMATORY <b>BALTIMORE-HEBREW CEM.</b>	
26D. LOCATION (City, town, county) (State) <b>Baltimore, Md.</b>					

27. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 5-1952</b>		28. REGISTRAR'S SIGNATURE <b>William Williams</b>		29. FUNERAL DIRECTOR'S ADDRESS <b>J. AIRRENS &amp; CO 2432 RED TERN RD</b>	
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**83a**

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0090  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Sophia Piscano</b>			2. DATE OF DEATH <b>Jan. 3, 1952</b>		
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>27-10</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>4912 Midwood Ave.</b>			6. CITY OR TOWN <b>Baltimore</b>		
7. Length of stay in Baltimore Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>			8. STREET ADDRESS (If rural, give location) <b>4912 Midwood Ave.</b>		
9. SEX <b>Female</b>	10. COLOR OR RACE <b>White</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	12. DATE OF BIRTH <b>Nov. 22, 1902</b>		13. AGE (In years last birthday) <b>49</b>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			15. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		
16. FATHER'S NAME <b>Jake DeMar</b>			17. MOTHER'S MAIDEN NAME <b>Marie ?</b>		
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>-----</b>			19. SOCIAL SECURITY NO. <b>-----</b>		
20. ADDRESS <b>Salvatore Piscano 4912 Midwood Ave.</b>			21. ADDRESS <b>-----</b>		

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> <b>Hyper-tensive Cardio-Vascular</b> <b>Nephritis</b> <b>Toxemia of Pregnancy</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>2 HRS</b> <b>15 YRS</b>
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>-----</b>		23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>-----</b>

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION <b>-----</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>-----</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>-----</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>10-21-49</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>-----</b>	
22. I hereby certify that I attended the deceased from <b>10-21-49</b> to <b>1/3/52</b> , that I last saw the deceased alive on <b>1-3-1952</b> and that death occurred at <b>9:20 P. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Anthony F. Carozza</b>		23B. ADDRESS <b>5217 YORK Rd</b>		23C. DATE SIGNED <b>1-4-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Funeral</b>		24B. DATE <b>1/7/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cem.</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. STATE <b>Md.</b>		24F. FUNERAL DIRECTOR <b>John A. Moran</b>	
24G. ADDRESS <b>3000 E. Baltimore St.</b>		24H. SIGNATURE <b>John A. Moran</b>		24I. ADDRESS <b>-----</b>	

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**CERTIFICATE CORRECTED**  
BALTIMORE CITY HEALTH DEPARTMENT  
**CERTIFICATE OF DEATH**

Registered No. **52 0091**

1. NAME OF DECEASED (Type or Print) <b>IRA LEE SHANHOLTZ</b>		2. DATE OF DEATH <b>January 4, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Allegany</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Cumberland</b>	
6. I. [redacted] of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>105-Willis-Creek Avenue</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>June 17, 1895</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		12. KIND OF BUSINESS OR INDUSTRY <b>building</b>	
13. FATHER'S NAME <b>Joshua Shanholtz</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <b>James F. Shanholtz, Cumberland, Md.</b>	

18. <b>E802X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Bisection of the body</b> DUE TO <b>Railroad Accident</b>		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>CAUSE OF DEATH</b>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Railroad tracts</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Fourth Street and Chesapeake Avenue</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>1/4/52 9:00 P. m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Struck by train</b>	

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Updegraff</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED <b>1/5/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24B. DATE <b>1-6-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Burke</b>	
24D. LOCATION (City, town, or county) (State) <b>Allegany Va</b>					

DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 5 - 1952</b>		REGISTRAR'S SIGNATURE <i>Wm. Updegraff</i>		25. FUNERAL DIRECTOR <i>Wm. Updegraff</i>	
				ADDRESS <b>Ellicott City, Md.</b>	

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CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 0092  
Registered No.

242  
0092

1. NAME OF DECEASED (Type or Print) <b>CHARLES E. NICHOLS</b>		2. DATE OF DEATH <b>Jan. 2, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Johns Hopkins Hospital</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
7. Date of stay in Baltimore Yrs. _____ Mos. _____ Days _____		8. STREET ADDRESS (If rural, give location) <b>1204 St. Matthew Street</b>	
9. SEX <b>male</b>	10. COLOR OR RACE <b>colored</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	12. DATE OF BIRTH <b>June 23 1914</b>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		14. AGE (In years last birthday) <b>37</b>	15. H Under 1 Year Months: _____ Days: _____ H Under 24 Hours Hours: _____ Min: _____
16. BIRTHPLACE (State or foreign country) <b>Ind</b>		17. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
18. FATHER'S NAME <b>Edward Nichols</b>		19. MOTHER'S MAIDEN NAME <b>Mary Stanley</b>	
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		21. SOCIAL SECURITY NO. <b>Matthew</b>	
22. INFORMANT <b>Mary N. Mores</b>		23. ADDRESS <b>1204 St St</b>	

18. <b>E812.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, athenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Multiple fractures of extremities and skull</b> <b>(B) Craniocerebral injury</b> DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

21A. DATE OF OPERATION	21B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Fayette St. 112' east of Central Ave.</b>
21D. TIME (Month) (Day) (Year) (Hour) <b>Jan 2, 1951 8:00 P. m.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Pedestrian struck by auto</b>

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Stanley B. Duncanson</b>	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED <b>Jan. 3, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>1/6/52</b>	24B. DATE <b>1/6/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cem</b>
24D. LOCATION (City, town, or county) (State) <b>A.A. Co Md</b>	25. FUNERAL DIRECTOR <b>Joseph L Brown Son 108 W</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 5 - 1952</b>	REGISTRAR'S SIGNATURE <b>William H. Williams</b>	ADDRESS <b>170 E</b>

V S 151  
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97099  
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matg omerey St



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0093BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0093  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>DALAS POOLE</b>		2. DATE OF DEATH <b>1/2/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>726 S. Hanover</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>726 S Hanover</b>	
6. SEX <b>M</b>	6. COLOR OR RACE <b>Col</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>1885</b>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		9. AGE (In years last birthday) <b>66</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>S. Carolina</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>James Poole</b>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, on or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. <b>260X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic Myocarditis</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Diabetes Mellitus + neg hnts</b> (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) <b>1/1/52</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 1, 1952</b> , to <b>1/2, 1952</b> , that I last saw the deceased alive on <b>1/1, 1952</b> and that death occurred at <b>m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Dr. Frank</b>		23B. ADDRESS <b>122 W. Lee</b>		23C. DATE SIGNED <b>1/5/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>1/5/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn Cem</b>	
24D. LOCATION (City, town, or county) (State)		24E. LOCATION (City, town, or county) (State)		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 5 - 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>Isaac L. Brown Son 10860 Montg omery St 61</b>	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

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CERTIFICATE OF DEATH



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0094

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0094

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
BERTHA E. KAUFMAN			I/4/52		
3. PLACE OF DEATH: Baltimore City, Maryland 1717 Patapsco Street			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
FULL NAME OF (If not in hospital or institution, give street address or location)			A. STATE Md.		
HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
			Baltimore		
5. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
			1717 Patapsco Street		
6. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
F	W	M	I2/30/1904	47	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. KIND OF BUSINESS OR INDUSTRY		13. BIRTHPLACE (State or foreign country)	
Mender		Linen Thread Co.		Baltimore	
14. FATHER'S NAME			15. MOTHER'S MAIDEN NAME		
William F. Reid			Catherine J. Smith		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			17. SOCIAL SECURITY NO.		
No			Family - Same		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
260X I			Memia		
ANTECEDENT CAUSES			DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Chronic Glomerulonephritis		
			DUE TO		
			Arteriosclerosis COR Disease		
			(C) Diabetes Mellitus		
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
			1 Month		
20. DATE OF OPERATION			21. MAJOR FINDINGS OF OPERATION		
22. DATE OF OPERATION			23. AUTOPSY?		
24. DATE OF OPERATION			YES <input type="checkbox"/> NO <input type="checkbox"/>		
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
27. TIME (Month) (Day) (Year) (Hour)			28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
29. INJURY OCCURRED			30. HOW DID INJURY OCCUR?		
31. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
32. I hereby certify that I attended the deceased from 1949, 19, to Jan. 4, 1952, that I last saw the deceased alive on Jan. 7, 1952, and that death occurred at 12 m., from the causes and on the date stated above.					
33. SIGNATURE			34. ADDRESS		
Halter John			1026 Fort Ave		
35. DATE SIGNED			36. DATE SIGNED		
1/5/52			1/5/52		
37. BURIAL, CREMATION, REMOVAL (Specify)		38. DATE		39. NAME OF CEMETERY OR CREMATORY	
B		I/8/52		Cedar Hill	
40. DATE RECEIVED BY LOCAL REGISTRAR		41. REGISTRAR'S SIGNATURE		42. FUNERAL DIRECTOR	
JAN 5 - 1952		[Signature]		James H. McCully - 130 E. Fort Avenue	

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52 0095

BALTIMORE CITY HEALTH DEPARTMENT

52 0095  
Registered No.

## CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)Marie  
LNEZ, JOHNSON2. DATE  
OF  
DEATH

1-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

PRESIDENT HOSP. &amp; FREE VETERANS

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cockysville

D. STREET ADDRESS (If rural, give location)

Beaver Dam Rd. 5300

8. DATE OF BIRTH

1-14-1900

9. AGE (In years last birthday)

51

11. BIRTHPLACE (State or foreign country)

Balto Co. Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Marilda Smith

17. INFORMANT

Mrs. Elda Tucker, Cockysville

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

4-7?

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Obesity: Diabetic Dysmetabolism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4-1952 to 1-5-1952 that I last saw the deceased alive on 1-5-1952 and that death occurred at 2:02 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

Huntington Williams, M.D.

23C. DATE SIGNED

1-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-8-52

24C. NAME OF CEMETERY OR CREMATORY

Piney Grove M.E.

24D. LOCATION (City, town, or county)

Boring, Balto Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 6 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Huntington Williams, M.D.

ADDRESS

Huntington Williams, M.D.

2100

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CONFIDENTIAL

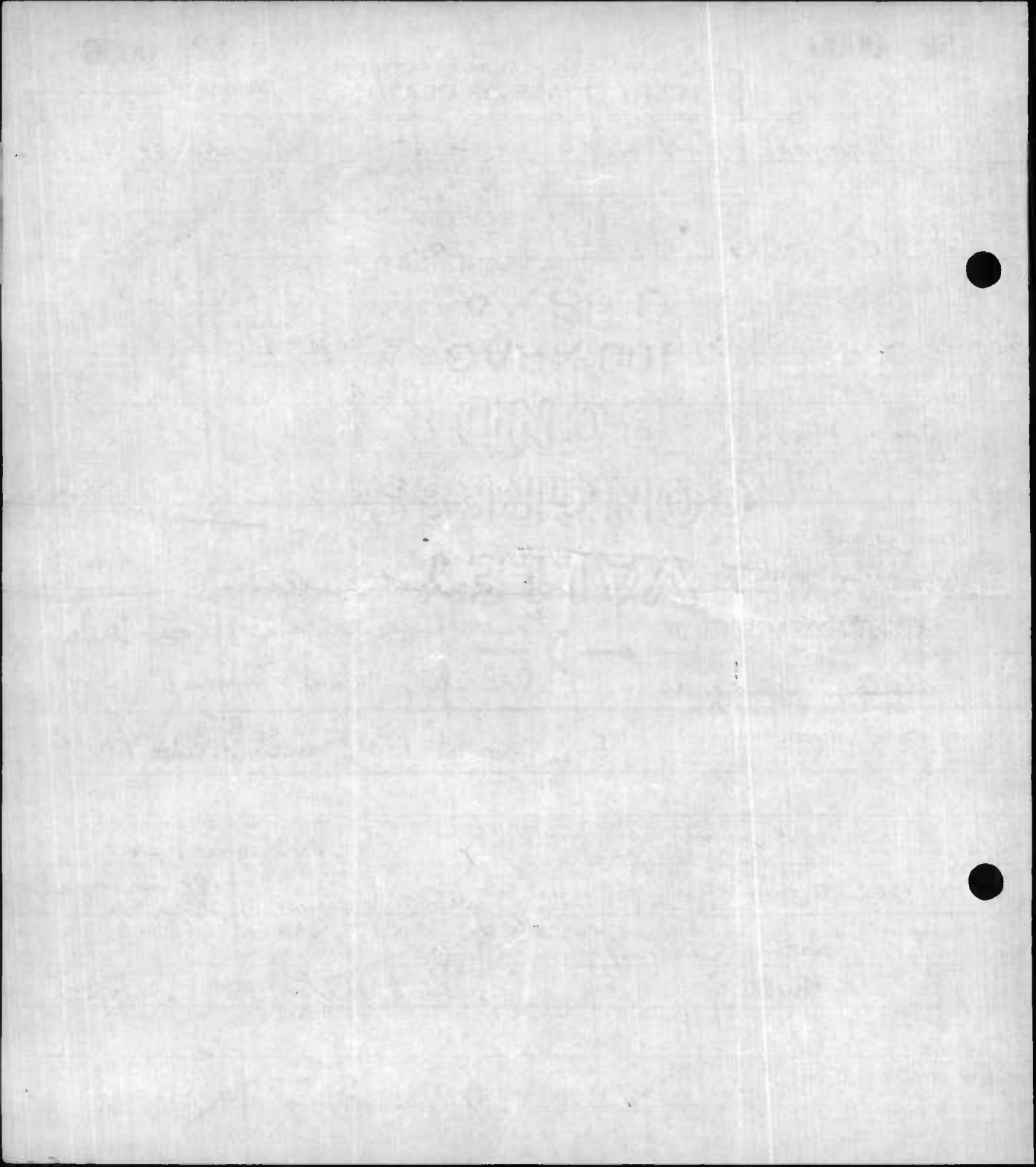
52 0096

52 0096

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>MARGARET A. BALLERSTEDT.</b>		2. DATE OF DEATH <b>JANUARY 4, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>5313 Edmondson Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 20-03</b>	
6. Length of stay in Baltimore <b>LIFE</b>		D. STREET ADDRESS (If rural, give location) <b>211 S. PULASKI ST.</b>	
7. SEX <b>FEMALE</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	10. DATE OF BIRTH <b>NOVEMBER 18, 1870</b>
11. AGE (In years last birthday) <b>81</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		14. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		16. MOTHER'S MAIDEN NAME <b>Un Known</b>	
17. FATHER'S NAME <b>John Hahn</b>		18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	
19. SOCIAL SECURITY NO. <b>NONE</b>		20. INFORMANT ADDRESS <b>William Ballerstedt 727 Grantley St.</b>	
21. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia arteriosclerotic nephrosis Generalized arteriosclerosis Calcific Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk 3 yrs. 1 yr. 3 yrs.</b>	
22. CERTIFICATION APPROVED BY DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAYING THE UNDERLYING CONDITION LAST <b>William V. [Signature] M.D.</b>		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Fracture Rt. Hip, Fracture Radius RT.</b>	
23. DATE OF OPERATION <b>0</b>		24. MAJOR FINDINGS OF OPERATION	
25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
26. ACCIDENT WAS UNDER LYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Back Yard</b>	
28. WHERE DID INJURY OCCUR? <b>35 HUNNERY LANE</b>		29. HOW DID INJURY OCCUR? <b>fell in yard while hanging clothes</b>	
30. I hereby certify that I attended the deceased from <b>NOV. 1948</b> to <b>JAN 4, 1952</b> , that I last saw the deceased alive on <b>JAN 2, 1952</b> and that death occurred at <b>4:10 P M.</b> , from the causes and on the date stated above.			
31. SIGNATURE <b>W. Kullentz</b>		32. ADDRESS <b>244 N. HILTON ST</b>	
33. DATE <b>1-8-52</b>		34. NAME OF CEMETERY OR CREMATORY <b>WESTERN</b>	
35. LOCATION (City, town, or county) (State) <b>BALTIMORE, Md.</b>			
36. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 8 1952</b>		37. REGISTRAR'S SIGNATURE <b>Huntington Williams</b>	
38. FUNERAL DIRECTOR <b>GEO. LOSCHWAB</b>		39. ADDRESS <b>2101 FREDERICK AVE</b>	



52 0097

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0097

Registered No. \_\_\_\_\_

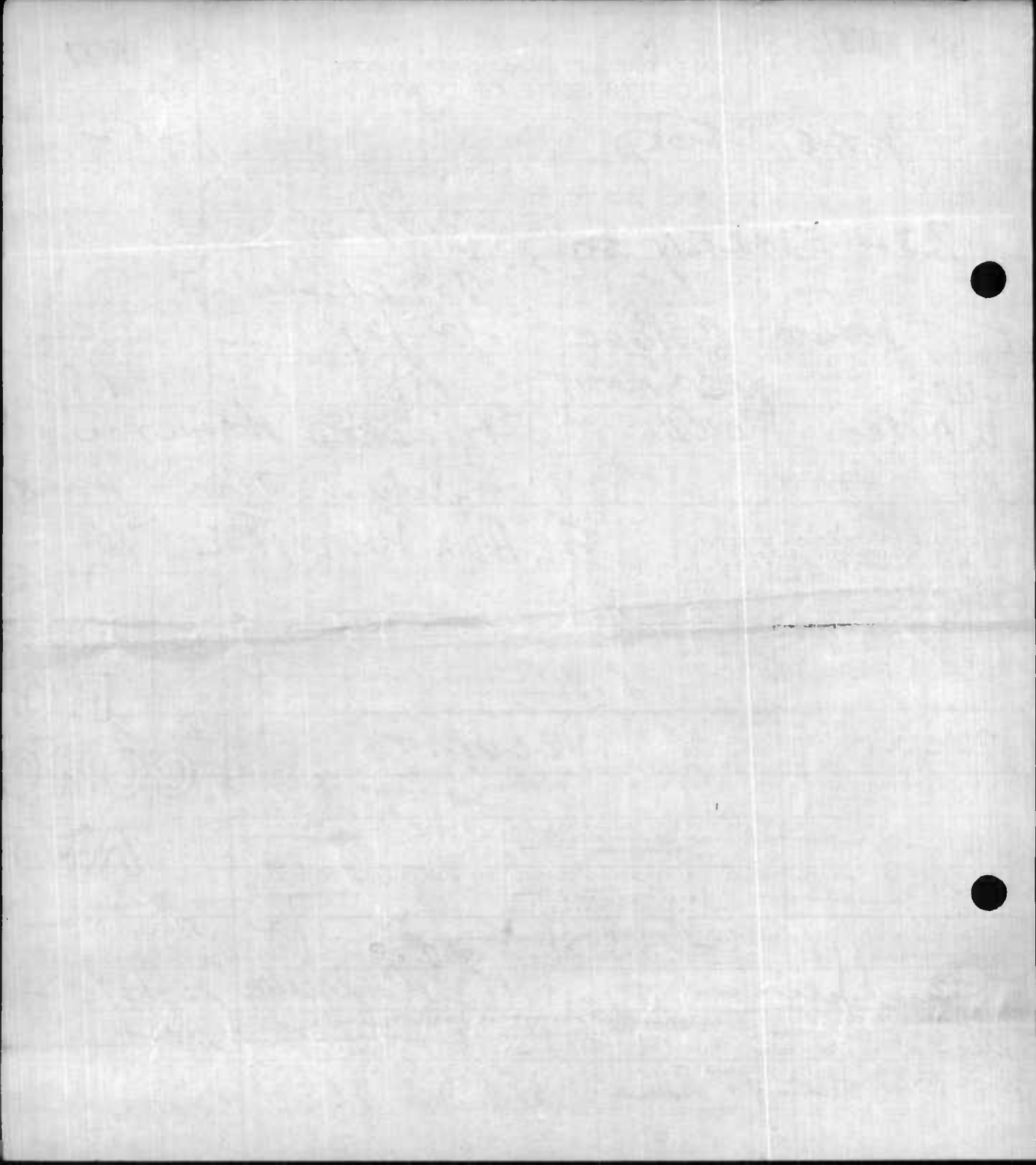
BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>ETHEL FORD</b>		2. DATE OF DEATH <b>1/2/52</b>	
3. PLACE OF DEATH <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>21-01</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>734 EISEN ST.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 30</b>	
6. Length of stay in Baltimore <b>14</b>		D. STREET ADDRESS (If rural, give location) <b>734 EISEN ST.</b>	
7. SEX <b>F</b>	8. COLOR OR RACE <b>NEGRO</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	10. DATE OF BIRTH <b>2/23/29</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COOK</b>		12. AGE (In years last birthday) <b>22</b>	
13. FATHER'S NAME <b>WALTER FORD</b>		14. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
15. MOTHER'S MAIDEN NAME <b>MILDRED HAMILTON</b>		16. SOCIAL SECURITY NO.	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>		18. INFORMANT <b>Mildred Ford - Anee</b>	
19. ADDRESS		20. ADDRESS	

19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>007X</b>		CAUSE OF DEATH <b>FAR ADV. PULM. TBC</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 mo.</b>	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO _____			
		(B) DUE TO _____			
		(C) DUE TO _____			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>II</b>		<b>DECURIT</b>		<b>3 mo.</b>	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/1</b> , 19 <b>52</b> , to <b>1/2</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1/1</b> , 19 <b>52</b> , and that death occurred at <b>10 P.</b> m. from the causes and on the date stated above.					
23A. SIGNATURE <b>Jose Williams Jr.</b>		23B. ADDRESS <b>1113A CAROLINE ST.</b>		23C. DATE SIGNED <b>1/3/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/6/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn Ct</b>	
24D. LOCATION (City, town, or county) <b>Balt City</b>		24E. STATE <b>MD</b>		24F. ADDRESS	
25. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>1582</b>		25. FUNERAL DIRECTOR <b>1582</b>	
25. FUNERAL DIRECTOR <b>1582</b>		25. FUNERAL DIRECTOR <b>1582</b>		25. FUNERAL DIRECTOR <b>1582</b>	







52 0098

BALTIMORE CITY HEALTH DEPARTMENT

52 0098

## CERTIFICATE OF DEATH

Registered No.

IRTH NO. 52-00094

NAME OF DECEASED  
(Type or Print)

Kenneth Michael Hoffman

2. DATE  
OF  
DEATH

Jan 5-1952

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Anne Arundel

FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hosp.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Curtis Bay, Balt 0216

D. STREET ADDRESS (If rural, give location)

Orchard Beach 5200

1. Length of stay in Baltimore

1

SEX

male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

Jan. 5-1952

9. AGE (In years last birthday)

If Under 1 Year  
Months: Days

1

If Under 24 Hours  
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. FATHER'S NAME

Richard Wylie Hoffman

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. MOTHER'S MAIDEN NAME

Catherine Margaret Hook

14. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

No

15. SOCIAL SECURITY NO.

—

16. INFORMANT

Richard W. Hoffman

ADDRESS

Above

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Atelectasis, bilateral

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.Premature separation of placenta  
Prematurity

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE

Ewerin T. Golozuel

M. D.

23b. ADDRESS

So. Balt. Gen. Hosp.

23c. DATE SIGNED

1/6/52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 6-1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

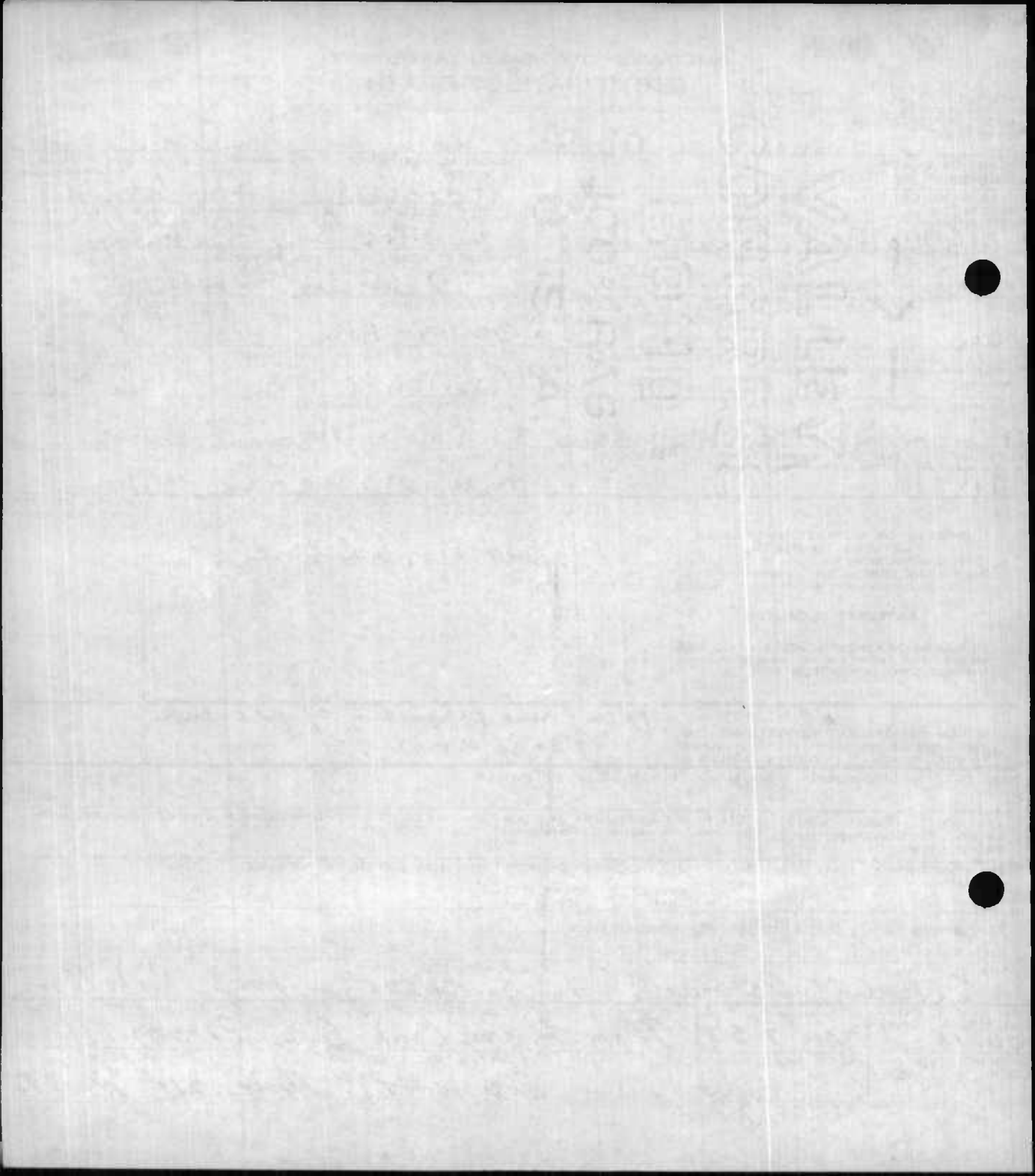
ADDRESS

JAN 6-1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS



52 0099

52 0099

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANDREW FISCHER

2. DATE  
OF  
DEATH

Jan. 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 406 S. Macon St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-07

D. STREET ADDRESS (If rural, give location)

406 S. Macon St.

C. Length of stay in Baltimore

About 44 yrs.

MOS.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 10, 1888

9. AGE (In years  
last birthday)

63

10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Foreman

10B. KIND OF BUSINESS OR  
INDUSTRY

Lever Bros.

13. FATHER'S NAME

?

Fischer

SOAP &amp; WASH. POWDER

(M)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

216-05-5687

17. INFORMANT

ADDRESS

Agnes H. Fischer 406 S. Macon St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Metastatic carcinoma of  
lung

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Carcinoma of back - left  
lumbar region 1945.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1949 to 1-4, 1952 that I last saw the  
deceased alive on Jan. 4, 1952 and that death occurred at 5:30 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1471 East Ave

1-5-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

7225 Eastern Ave.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

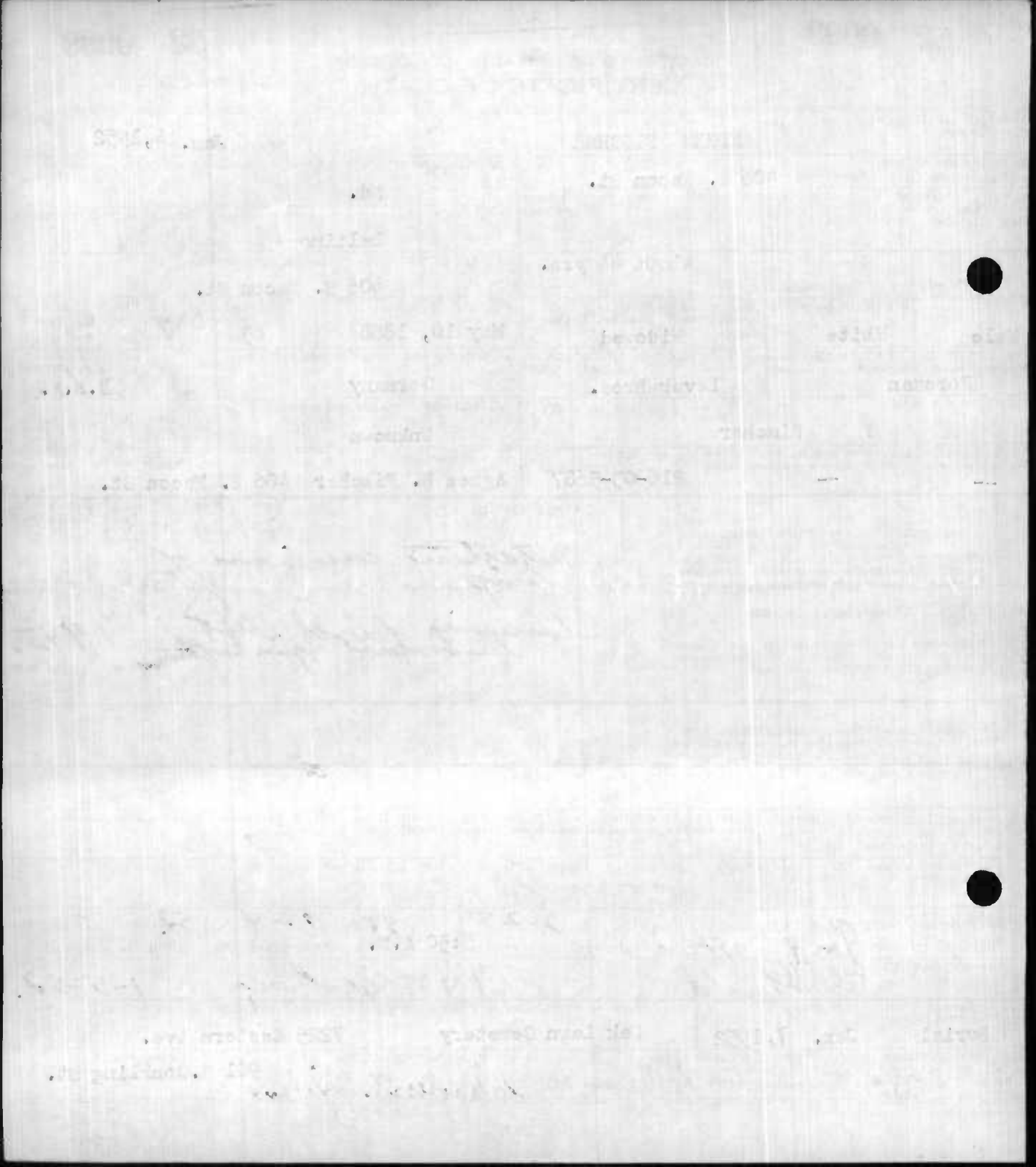
ADDRESS

JAN 6 - 1952

Huntington Williams, M.D.

Charles S. Geiler.

901 S. Conkling St.



52 0100

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0100  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>LAWRENCE C. J. FRANK</b>			2. DATE OF DEATH <b>JAN 3, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY		
a. FULL NAME OF (If not in hospital or institution, give street address or location) <b>MERCY HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 26-11</b>		
c. Length of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>617 S CLINTON ST.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>FEB 8, 1890</b>	9. AGE (in years, last birthday) <b>61</b>	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RET. CARPENTER</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>J. J. BRUNS CO.</b>		
13. FATHER'S NAME <b>CHARLES FRANK</b>			14. MOTHER'S MAIDEN NAME <b>CHARLOTTE LORUM</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>L. FRANK, JR.</b>			ADDRESS <b>SAN G</b>		

18. <b>443X</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) <b>CEREBRAL VAS. ACCIDENT.</b>		<b>1 yr +</b>	
ANTECEDENT CAUSES		(B) <b>H A S C U D</b>		<b>10 yrs +</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **12/29**, 19**51**, to **1/3**, 19**52**, that I last saw the deceased alive on **1/3**, 19**52**, and that death occurred at **8:20** p. m., from the causes and on the date stated above.

23A. SIGNATURE **Raymond K. Commey** M. D. 23B. ADDRESS **Mercy Hospital** 23C. DATE SIGNED **1/3/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24B. DATE **1-7-52** 24C. NAME OF CEMETERY OR CREMATORY **SACRED HEART CEM.** 24D. LOCATION (City, town, or county) (State) **GERMAN HILL RD. BALTO**

DATE RECEIVED BY LOCAL REGISTRAR **JAN 6 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **Charles S. Seiler** ADDRESS **901 S. CONKLING ST.**

0016

5

THE OFFICE OF THE ATTORNEY GENERAL  
STATE OF NEW YORK

0016

5





52 0101

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0101

Registered No.

1. NAME OF DECEASED (Type or Print) <b>GEORGE J. HESSE</b>			2. DATE OF DEATH <b>January 4, 1952</b>		
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospital</b>			6. STREET ADDRESS (If rural, give location) <b>800 S. Fagley Street</b>		
7. SEX <b>Male</b>			8. DATE OF BIRTH <b>Feb. 14, 1881</b>		
9. COLOR OR RACE <b>White</b>			9. AGE (In years last birthday) <b>70</b>		
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed LABORER MEAT PACKING</b>			13. CITIZEN OF WHAT COUNTRY? <b>U.S.A?</b>		
14. FATHER'S NAME <b>Conrad Hesse</b>			15. MOTHER'S MAIDEN NAME <b>Mary Strehlan</b>		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <b>---</b>			17. SOCIAL SECURITY NO. <b>213-01-5746A</b>		
18. INFORMANT			19. ADDRESS <b>Josephine Hesse 800 S. Fagley St.</b>		

18. <b>E 978x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Skull Fracture</b> DUE TO <b>Crushed Chest</b> DUE TO <b>Crushed Chest</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>bridge</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Pulaski and Haven Streets</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>1/4/51 3:30 P.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Jumped from bridge</b>	
22. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William J. Schmitt</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>1/5/52</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 8, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Sacred Heart Cemetery</b>		24D. LOCATION (City, town, or county) (State) <b>7401 German Hill Rd. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 6 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Charles S. Zeller</b>		ADDRESS <b>901 S. Conkling St.</b>	



UNITED STATES OF AMERICA

100-100000

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100-100000

52 0102

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0102

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Mary Elizabeth Berry

2. DATE  
OF  
DEATH

Jan. 5, 1952

1. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Md.

FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

3217 Windsor Ave.,

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-47

D. STREET ADDRESS (If rural, give location)

3217 Windsor Ave.,

Length of stay in Baltimore

Yrs.  
Mos.  
Days5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Female White Single

8. DATE OF BIRTH

July 12, 1877

9. AGE (in years  
last birthday)

74

If Under 1 Year  
Months Days If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Jesse Talburtt Berry

14. MOTHER'S MAIDEN NAME

Mary Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)  
no16. SOCIAL  
SECURITY NO.  
none

17. INFORMANT

ADDRESS

Mrs. Gwynn Fiorentino 1227 N. Charles

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

6 hrs. -

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 5, 1952 to Jan 5, 1952 that I last saw the  
deceased alive on Jan 5, 1952, and that death occurred at 7 A.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Isaac C. Dickson

M. D.

3055 W. North Ave

Jan 5-1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1-7-1952

Mt. Carmel

Upper Marlboro,

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 6-1952

Huntington Williams, M.D.

G. Howard Strong 3207 W. North Ave.,

VS 150

94a

Dr. Grace Williams

3055 W. 20th Ave

52 0103

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0103  
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Boozie BOYCE KRUMP

2. DATE

OF

DEATH January 4, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Gen

13. FATHER'S NAME

Robert Crooms

8. DATE OF BIRTH

6/7/1904

9. AGE (In years last birthday)

47

If Under 1 Year

Months: Days

If Under 24 hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Ga.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Melissia P

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Annie Adams 519 N. Central Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. F. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Jan. 4, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

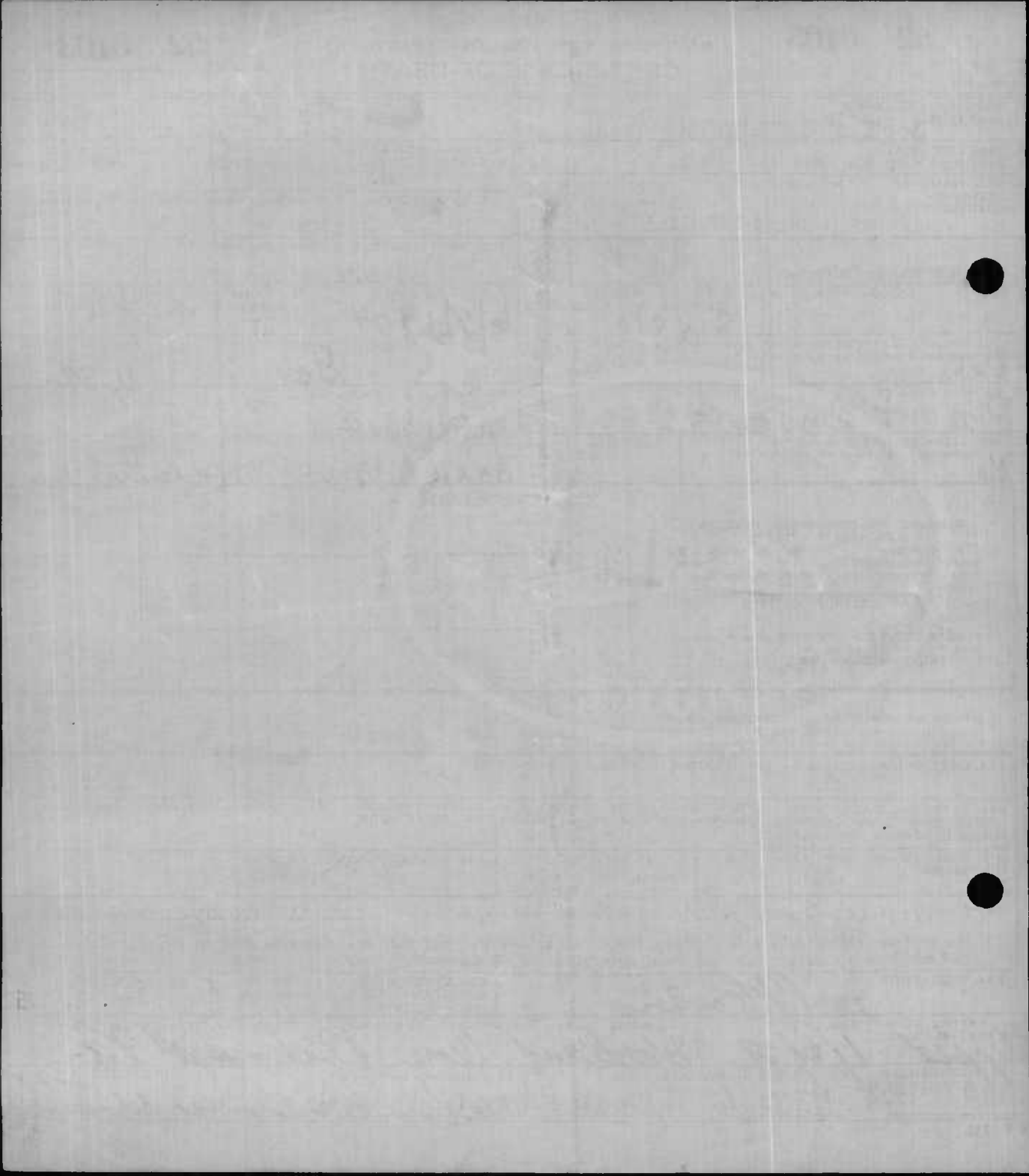
JAN 7 1952

Huntington Williams, M. Mrs. Kate R. Williams Schenck

VS 151

97099

108 ✓



52 0104

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0104

Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

James Schuman

2. DATE  
OF  
DEATH

1-6-52

PLACE OF DEATH:

Baltimore City, Maryland

Baltimore Md

FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Sever Hospital of Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

PENNA.

V-35

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

DUNBANNON

D. STREET ADDRESS (If rural, give location)

503 HIGH ST.

Location of stay in Baltimore

SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 28/1910

9. AGE (In years  
last birthday)

41

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

Government Employee

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James A Schuman

14. MOTHER'S MAIDEN NAME

Ruth G Lightner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

James Schuman Dunbannon Pa

18. 7544

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28, 1951, to 1-6, 1952, that I last saw the  
deceased alive on 1-6, 1952, and that death occurred at 6 A.m., from the causes and on the date stated above.

23A. SIGNATURE

Huntington

M. D.

23B. ADDRESS

Sever Hosp -

23C. DATE SIGNED

1-6-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/6/52

Union Cem

Dunbannon Pa

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 7 - 1952

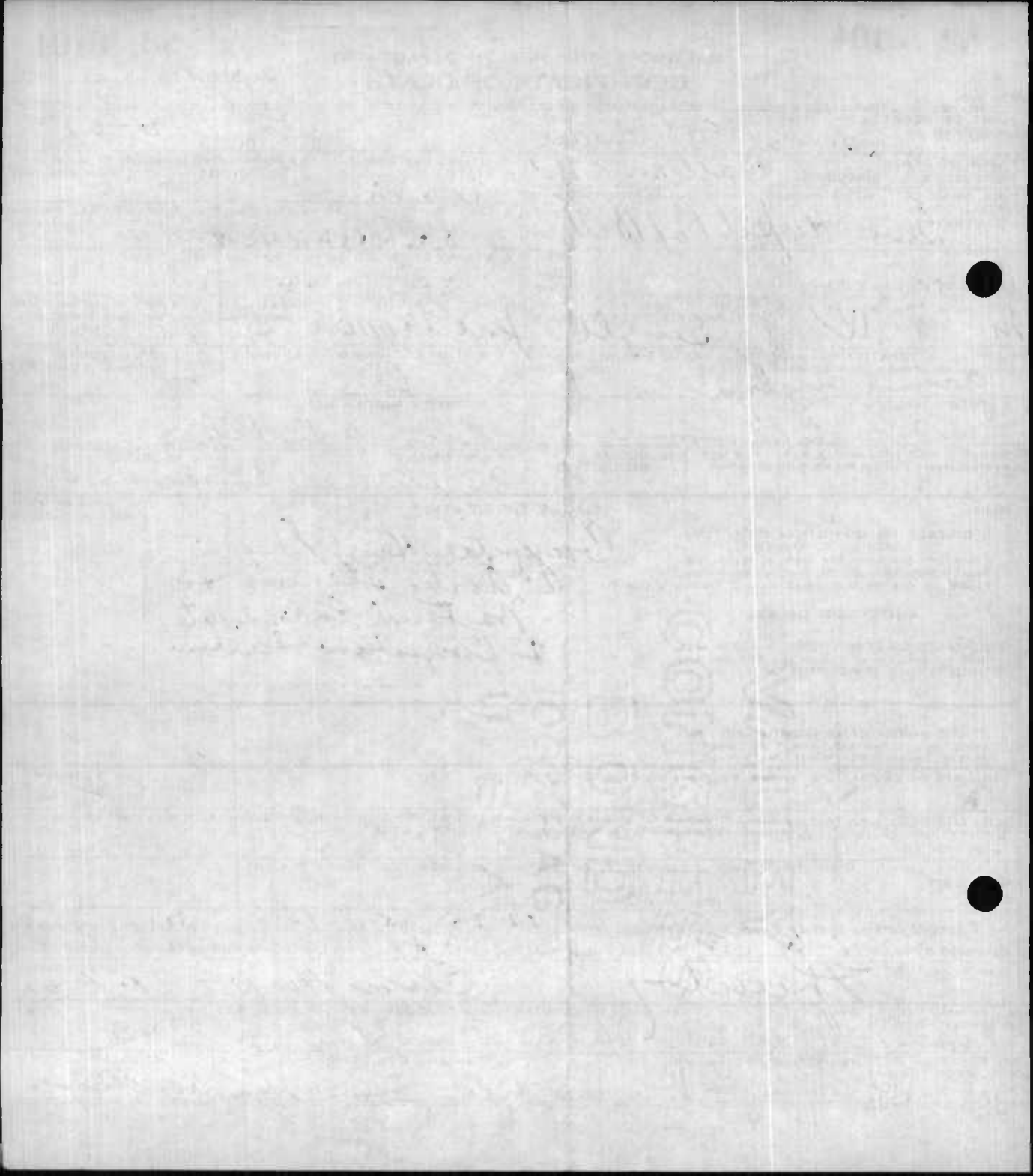
Huntington Williams, M.D. 2004 Adams

VS 150

1 9 5 2 0 0 0 1 0 3

39091

92a





52 0105

52 0105

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

RTH No. 52-00372

NAME OF DECEASED  
(Type or Print)

Baby Girl Thomas

2. DATE  
OF  
DEATH

1-6-52

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital.

Length of stay in Baltimore

3 days

SEX F 6. COLOR OR RACE W 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Falkon

D. STREET ADDRESS (If rural, give location)

Falkon, Maryland

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

8. DATE OF BIRTH

1-3-52

9. AGE (in years last birthday)

3 days

If Under 1 Year Months: Days Hours: Min.

3

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Donald Thomas.

14. MOTHER'S MAIDEN NAME

Gladice-Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 770.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Sag. Thrombocytosis Fetalis

DUE TO

ANTECEDENT CAUSES

(B)

Ph. incomptuamilitis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 days

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Congenital Malformation Heart

3 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-3-52, to 1-6-52, that I last saw the deceased alive on 1-6-52, and that death occurred at 1:40 A. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 7-1952

VS 150

Huntington Williams, M.D.

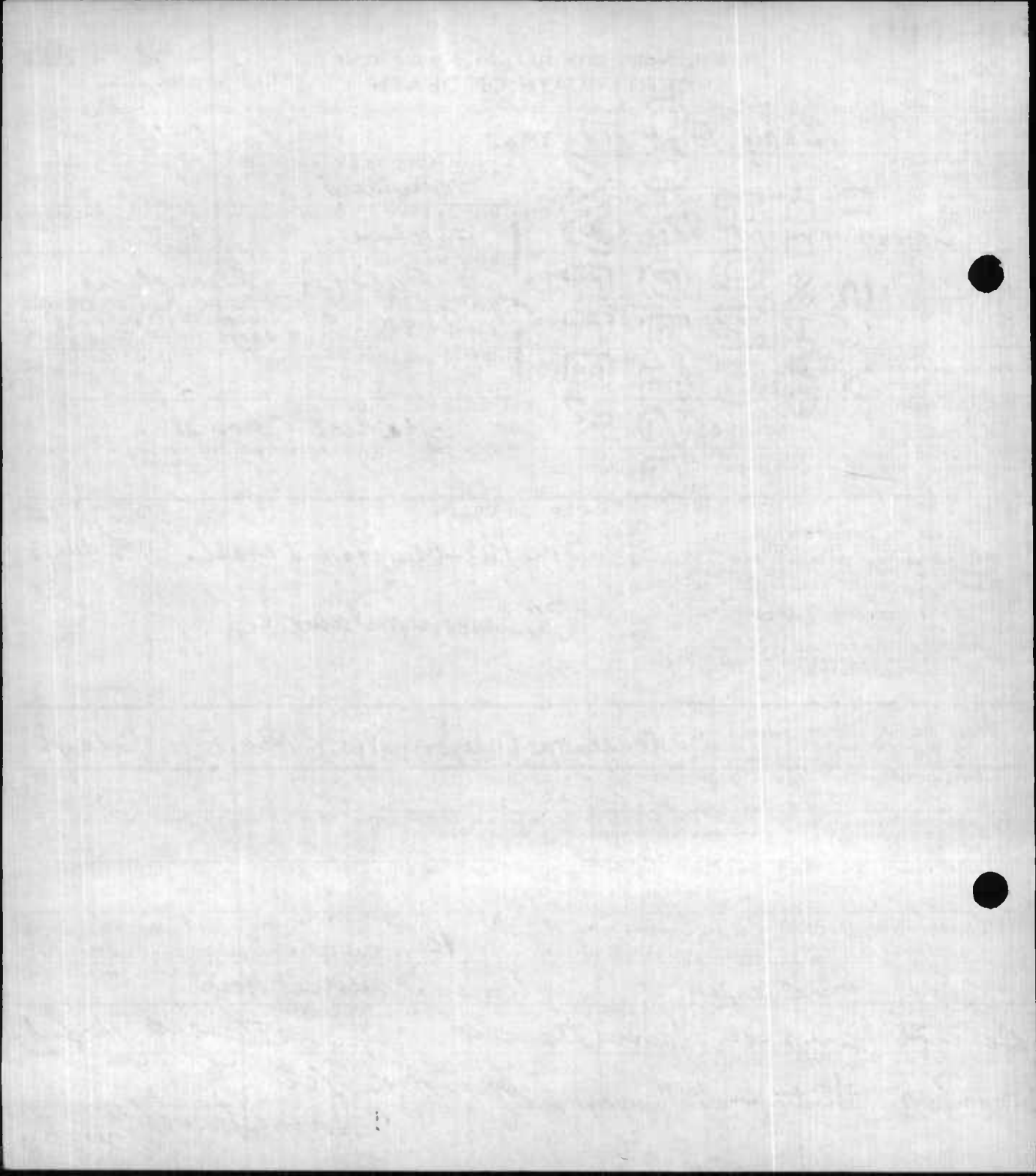
25. FUNERAL DIRECTOR

ADDRESS

Jarrettville

Jarrettville

157E 2nd.



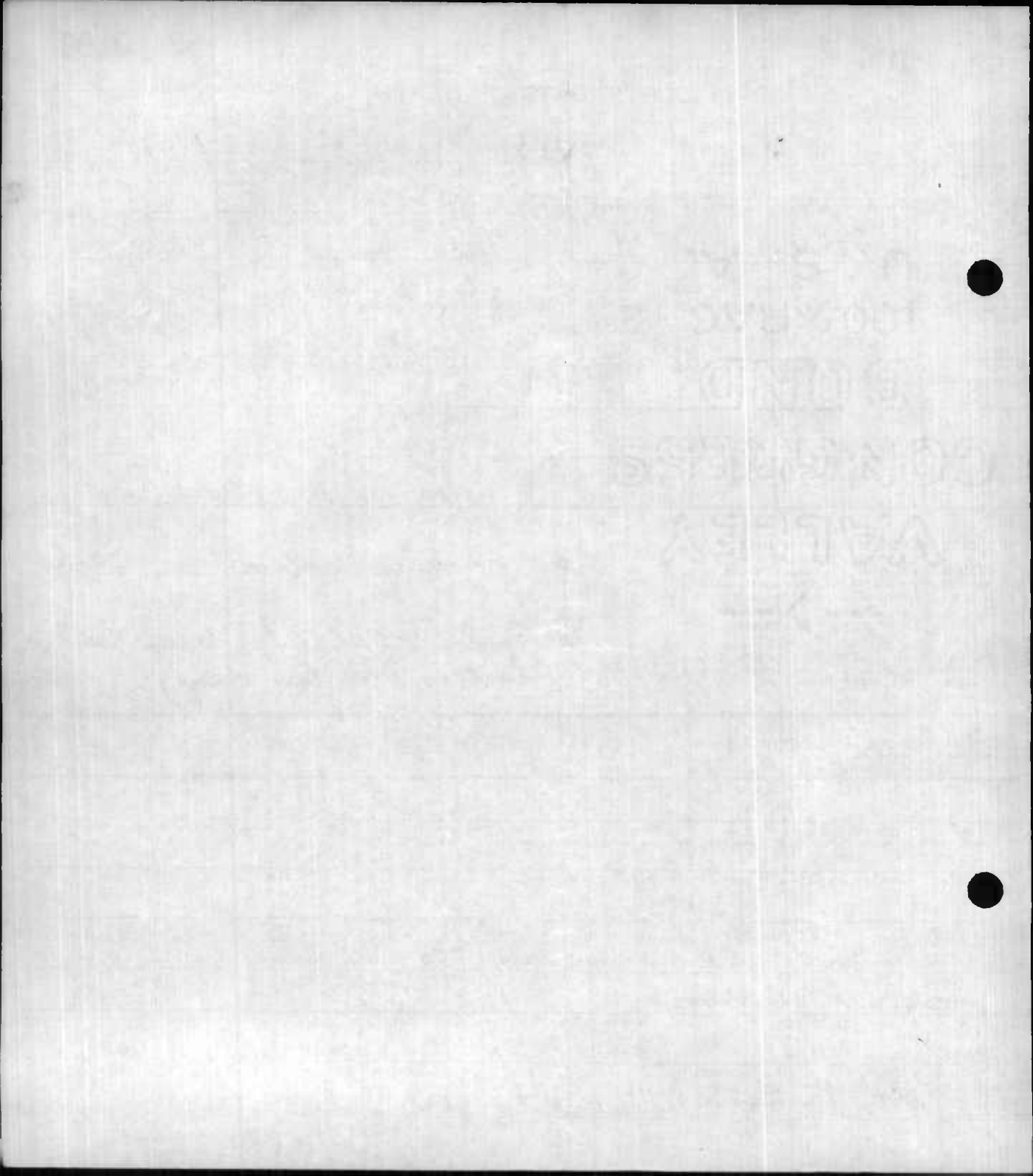
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52 0106

52 0106

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARY HAYES		1/5/52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE	
2505 N. CALVERT ST.		MD.	
Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		BALTO 12-03	
5. SEX		D. STREET ADDRESS (If rural, give location)	
F		2505 N. CALVERT ST.	
6. COLOR OR RACE		8. DATE OF BIRTH	
W		JAN 26 1856	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthday)	
WIDOW		96	
10a. USUAL OCCUPATION (Give kind of & done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)	
AT HOME		WIS	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
JAMES DORICK			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JAMES DORICK		ELLEN CASEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. INFORMANT ADDRESS	
16. SOCIAL SECURITY NO.		HELEN HAYES 2505 N. CALVERT	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		20 yrs	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		20 yrs	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
21G. TIME (Month) (Day) (Year) (Hour) (Minute)		21H. WHILE AT WORK NOT WHILE AT WORK	
21I. INJURY OCCURRED		21J. WHILE AT WORK NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from 1943, 19, to Jan 5, 1952, that I last saw the deceased alive on Jan 5, 1952, and that death occurred at 4:30 p.m., from the cause and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Samuel Morrison		11 E. Chase St	
23C. DATE SIGNED		1/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
BURIAL		1/10/52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
CALVARY CEM		GRAND FORKS N. DAKOTA	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
JAN 7 - 1952		Huntington Williams, M.D. Charles F. Egan & Son	
VS 150		118 W. Mt Royal Ave. 93D	



52 0107

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0107  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>MARY BERNHARDT</b>		2. DATE OF DEATH <b>1/5/52</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>GOOD SAMARITAN HOME</b> <b>27 N. Carey St</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>9 Carrollton Ave - S.</b>	
7. SEX <b>Female</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	10. DATE OF BIRTH <b>1866</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Housewife</b>		12. AGE (in years last birthday) <b>85 yrs</b>	
13. FATHER'S NAME <b>Ernest Myers</b>		14. BIRTHPLACE (State or foreign country) <b>Germany</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
17. INFORMANT <b>Good Samaritan Home</b>		ADDRESS <b>27 N. Carey St</b>	
18. <b>450.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>several</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Arteriosclerosis general</b>		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>1/2/1952</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>3/17/1951</b> to <b>1/2/1952</b> that I last saw the deceased alive on <b>1/2/1952</b> and that death occurred at <b>4:30 a.m.</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>R. Weinberger</b> M. O.		23B. ADDRESS <b>312 Brooks Lane</b>	
23C. DATE SIGNED <b>1/5/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Jan 8, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>London Park Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Frederick Road Balto Md</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 7 - 1952</b>		REGISTRAR'S SIGNATURE <b>Arthur J. Williams</b>	
VS 150		F. FUNERAL DIRECTOR <b>Albert L. Ditzler</b> ADDRESS <b>4642 Belair Road</b>	

937

PL-0921



52, 0108

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0108  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Jessie M. DICKER

2. DATE  
OF  
DEATH

JAN 4 1952

PLACE OF DEATH:

Baltimore City, Maryland

Md.

FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Church Home - Hosp.

Length of stay in Baltimore

46 yrs

Yrs.  
Mos.  
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

11-02

D. STREET ADDRESS (If rural, give location)

12 W. Mt. Vernon Place

8. DATE OF BIRTH

July 5, 1886

9. AGE (in years  
last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington D.C.

12. CITIZEN OF  
WHAT COUNTRY?

US

13. FATHER'S NAME

William H. Mc Lanehan

14. MOTHER'S MAIDEN NAME

Elizabeth RAYCOB

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Denhage 108 Elmwood Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) Carcinoma of cervix & 1 yrs.  
DUE TO metastasis to peritoneum  
(B) causing obstruction of blood  
DUE TO vessels & lymph channels of pelvis 5 mths.  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Myocardial Infarction old

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 9/21/51, to 1/4/52, that I last saw the  
deceased alive on 1/4/52, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 7 - 1952

Huntington Williams, M.D.

JOHN D. MITCHELL &amp; SONS, INC.

VS 150

1713 Mitchell 1900 Eutan Place

48a



WALL CITY  
CEMENT CO.

RECEIVED  
JUNE 10

1911

52 0109

52 0109

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

S. EDWARD SCHWARTZ

2. DATE  
OF  
DEATH

Jan. 4, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4314 Ethland Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4314 Ethland Ave.

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days6. COLOR OR RACE  
7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

male

white

married

8. DATE OF BIRTH

Feb. 21, 1875

9. AGE (In years  
last birthday)

76

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Secretary &amp; Treasurer

10B. KIND OF BUSINESS OR  
INDUSTRY

Boxes

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael Schwartz

14. MOTHER'S MAIDEN NAME

Emma Barnes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Isabelle Schwartz-4314 Ethland Ave.

18. 4221 I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(A)

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHabout  
1 yr

7

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 31, 1951, to Jan 4, 1952, that I last saw the deceased alive on Jan 3, 1952, and that death occurred at 6:29 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan. 7, 1952

Green Mount Cem.

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 7 - 1952

Huntington, Williams, M.D.

J. J. Tackman, Sons

VS 150

Balto 17, Md. 937

RECEIVED AT THE DEPARTMENT OF THE ARMY  
WASHINGTON, D. C. 20315

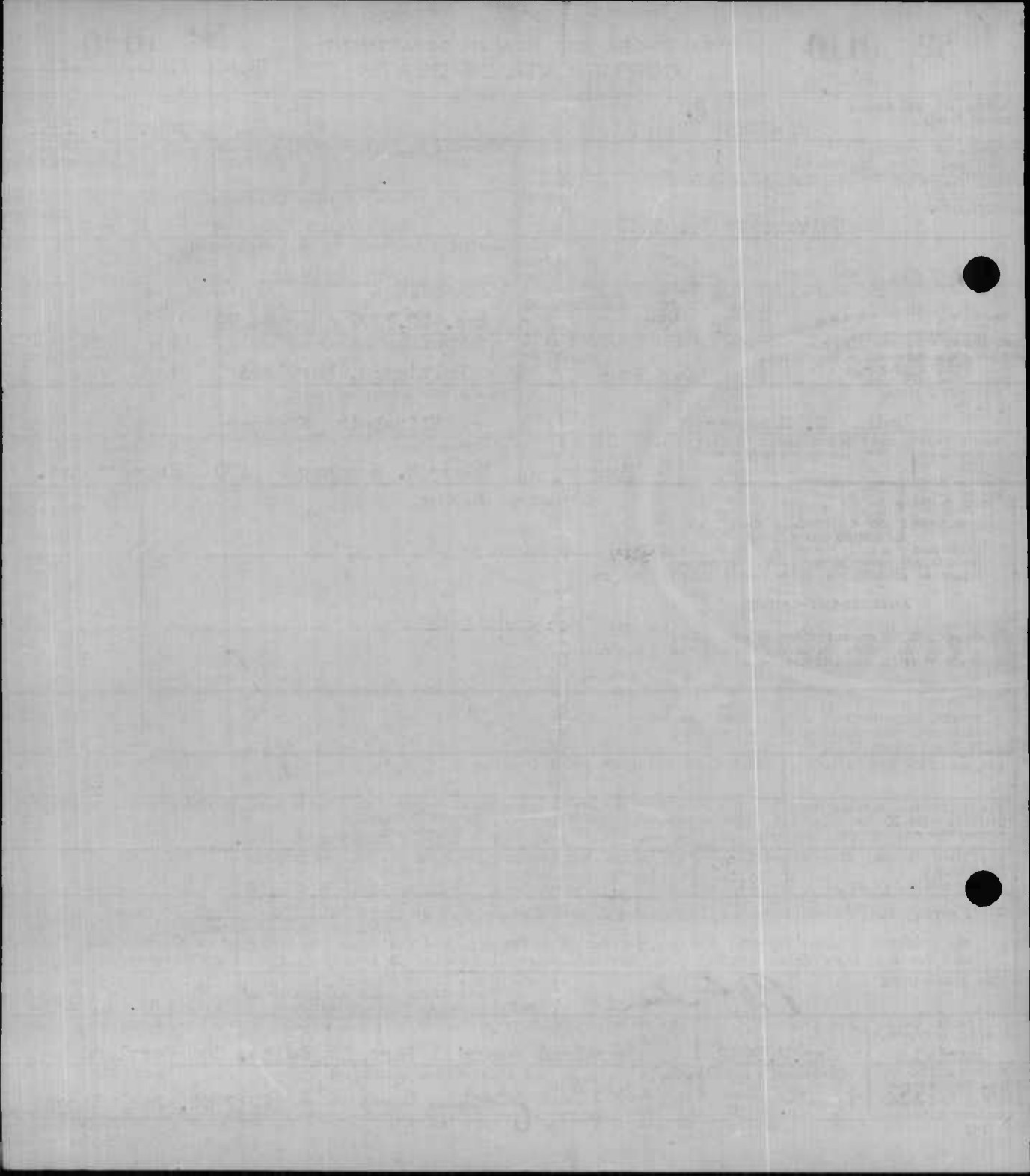
RECEIVED AT THE DEPARTMENT OF THE ARMY  
WASHINGTON, D. C. 20315

RECEIVED AT THE DEPARTMENT OF THE ARMY  
WASHINGTON, D. C. 20315

52 0110

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0110  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		B. MARGARET FRANKTON		January 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE Md.	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		27-02	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4704 Hampnett Ave.			
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	10. DATE OF BIRTH Aug. 22, 1872	11. AGE (In years last birthday) 79	12. Under 1 Year Months Days Under 24 Hours Hours Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		14. KIND OF BUSINESS OR INDUSTRY Own Home		15. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
16. FATHER'S NAME Louis S. Sandner		17. MOTHER'S MAIDEN NAME Elizabeth Kistner		18. CITIZEN OF WHAT COUNTRY?	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		20. SOCIAL SECURITY NO. None		21. INFORMANT Edgar H. Sandner	
				ADDRESS 4704 Hampnett Ave.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cranio-cerebral injuries DUE TO ANTECEDENT CAUSES (B) Accidental fall DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 4704 Hampnett Ave.	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) Jan. 3, 1952 8 2:30 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? fell down the steps	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR..... M.D.		23C. DATE SIGNED Jan. 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 7, 1952		24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Park	
24D. LOCATION (City, town, or county) (State) Balto. Co Maryland		25. FUNERAL DIRECTOR Huntington Williams, M.D.		1217 St. Paul Street	



52 0111

SARAH E. PARR

52 0111

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

IRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SARAH ELIZABETH PARR

2. DATE  
OF  
DEATH

1/4/52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

Home

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-10

D. STREET ADDRESS (If rural, give location)

517 Beaumont

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days

7. SEX

F

8. COLOR OR RACE

W

9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

10. DATE OF BIRTH

5/9/1867

11. AGE (In years last birthday)

84

12. Under 1 Year Months Days

13. Under 24 Hours Hours Min.

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

15. KIND OF BUSINESS OR INDUSTRY

Own Home

16. BIRTHPLACE (State or foreign country)

Md.

17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME

(Unknown) Gough

19. MOTHER'S MAIDEN NAME

Unknown

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

21. SOCIAL SECURITY NO.

22. INFORMANT

ADDRESS

Edgar S. Parr 30 N. Smallwood St

23. 4200 I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial Infarction

DUE TO

## ANTECEDENT CAUSES

(B)

Arteriosclerosis of Arteries

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

24. DATE OF OPERATION

25. MAJOR FINDINGS OF OPERATION

26. AUTOPSY?

YES ☒ NO ☐

27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

30. TIME (Month) (Day) (Year) (Hour) OF INJURY

31. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

32. HOW DID INJURY OCCUR?

33. I hereby certify that I attended the deceased from Jan 2, 1952, to Jan 4, 1952, that I last saw the deceased alive on Jan 3, 1952, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

34. SIGNATURE

Edgar S. Parr M. O.

35. ADDRESS

Home

36. DATE SIGNED

1/4/52

37. BURIAL, CREMATION, REMOVAL (Specify)

Burial

38. DATE

1/4/52

39. NAME OF CEMETERY OR CREMATORY

Morningside Park

40. LOCATION (City, town, or county)

Parkville Md.

(State)

41. DATE RECEIVED BY LOCAL REGISTRAR

42. REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

43. FUNERAL DIRECTOR

ADDRESS

Coke Inc. 1217 St. Paul St.

VALLEY

LEONARD

10000000

10000000



63 52 0112

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

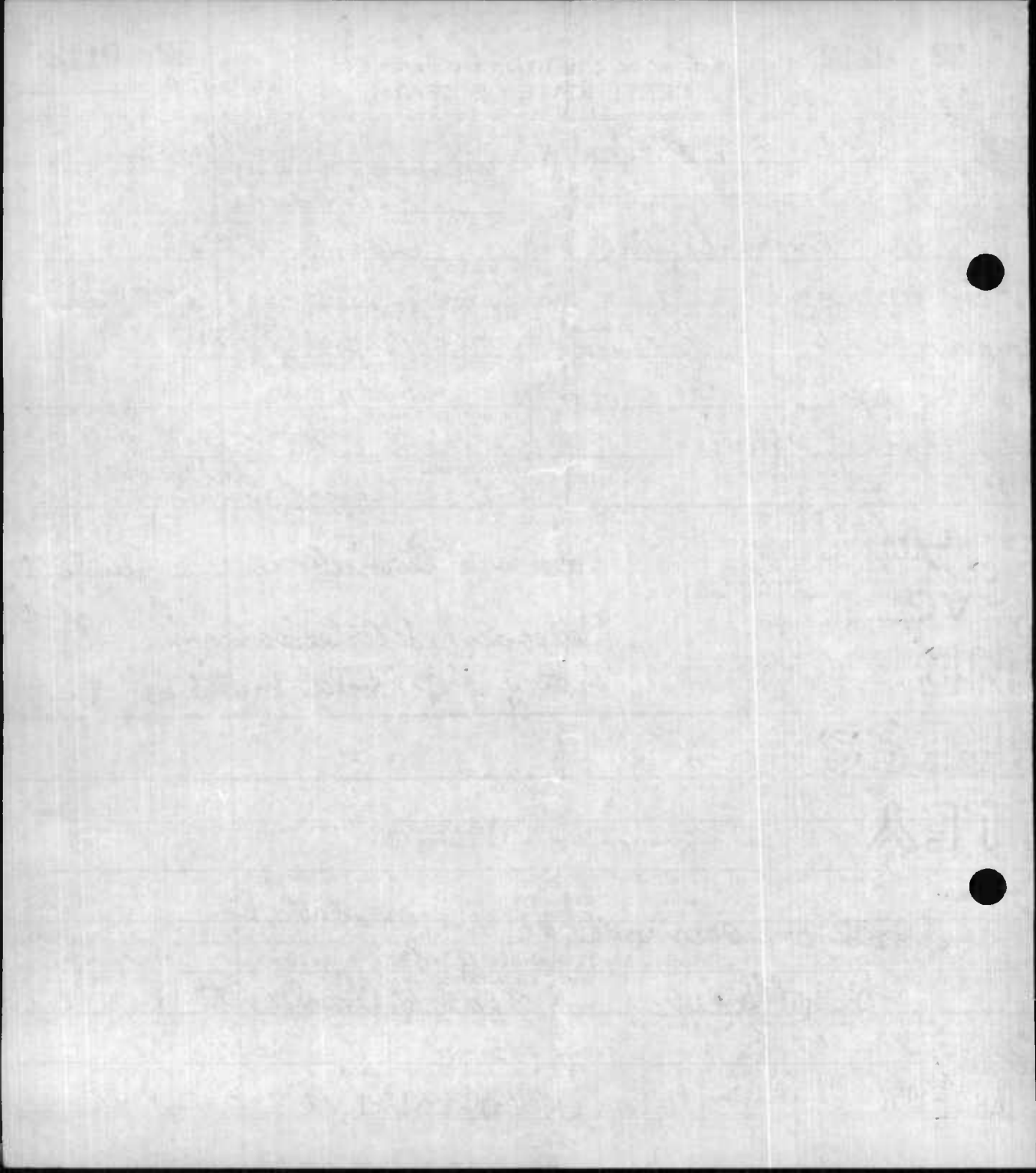
52 0112

Registered No.

RTH NO.

NAME OF DECEASED (Type or Print) <b>Ella Lee Leonard</b>		2. DATE OF DEATH <b>1/4/52</b>	
PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>California</b> V-04 B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR INSTITUTION <b>400 Overhill Rd.</b>		C. CITY OR TOWN <b>Beverly Hills</b> (If outside corporate limits, write RURAL and give township)	
Length of stay in Baltimore SEX <b>Female</b> 6. COLOR OR RACE <b>White</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		D. STREET ADDRESS (If rural, give location) <b>503 N. Alpine Drive</b>	
Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		8. DATE OF BIRTH <b>6/10/1862</b> 9. AGE (In years last birthday) <b>89</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Balto. Md.</b>	
10B. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAME <b>Chas. P. Travers</b>		14. MOTHER'S MAIDEN NAME <b>Mollie M. Pritchett</b>	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Arthur B. Leonard</b>		ADDRESS <b>Dodge Hotel Washington D.C.</b>	
18. <b>260X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <b>Coronary Thrombosis</b> DUE TO (B) <b>Generalized Arteriosclerosis</b> ? DUE TO (C) <b>History of Diabetes Mellitus</b> ? INTERVAL BETWEEN ONSET AND DEATH <b>Instant.</b>			
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ANTECEDENT CAUSES OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that on <b>January 4</b> , 19 <b>52</b> , at <b>400 Overhill Rd.</b> , that I last saw the deceased alive on <b>11/10</b> , 19 <b>51</b> , and that death occurred at <b>11:10</b> a.m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Robert Heive</b>		23B. ADDRESS <b>3105 N. Charles St.</b>	
23C. DATE SIGNED <b>1-5-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/7/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Green Mount</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 7 - 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
VS 150		25. FUNERAL DIRECTOR <b>Wm. Cook &amp; Son</b> ADDRESS <b>1217 St. Paul st.</b>	

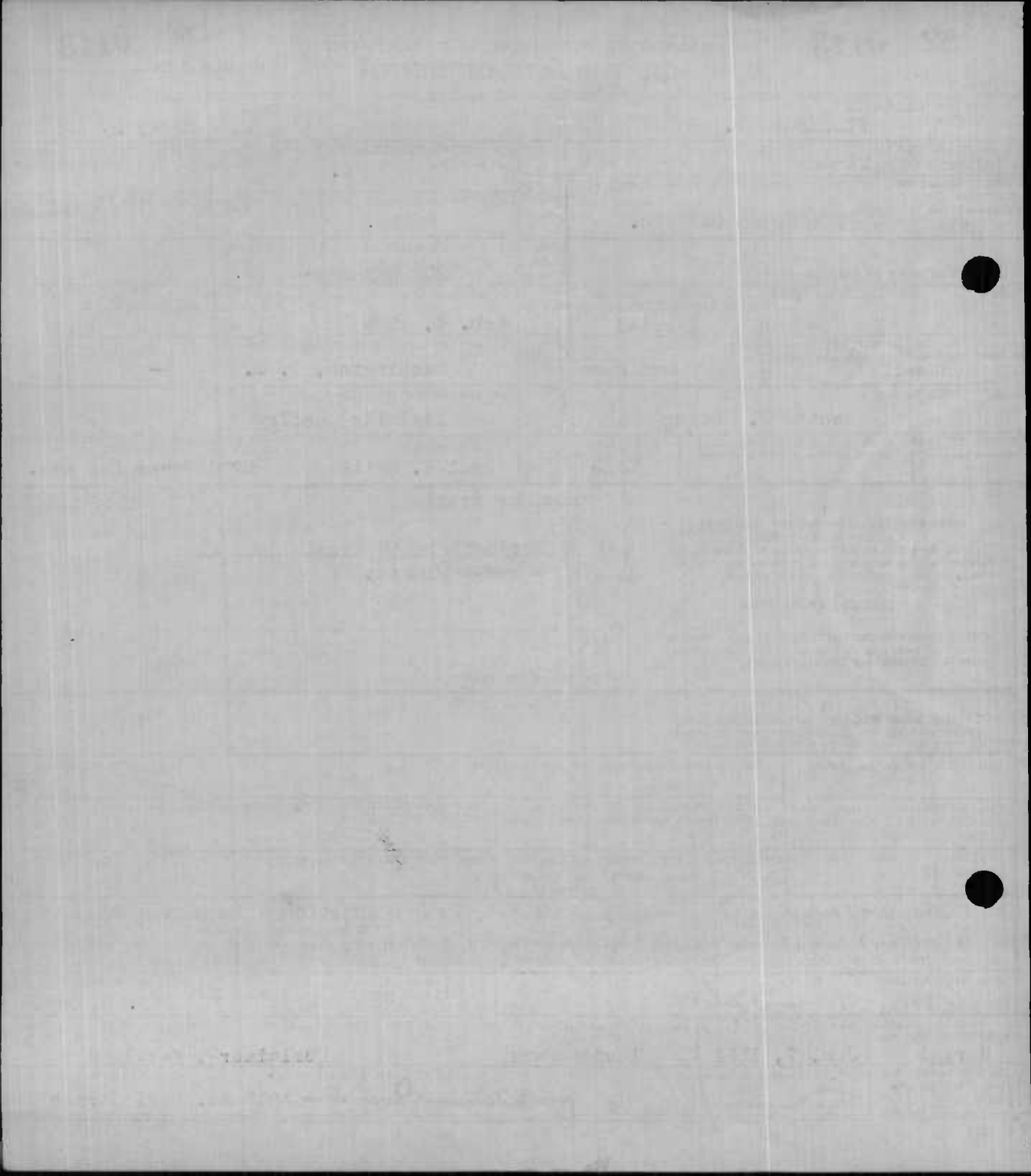
61



30 52 0113

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0113  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) FLORENCE A. SMITH		2. DATE OF DEATH January 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 5206 Gwynn Oak Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 28-02			
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5206 Gwynn Oak Ave.			
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Feb. 4, 1889	11. AGE (In years last birthday) 63	12. Under 1 Year Months: Days: 13. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Washington, D. C.	
13. FATHER'S NAME Scott B. Doing		14. MOTHER'S MAIDEN NAME Adelaide Kelley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Paul B. Smith	
				ADDRESS 5206 Gwynn Oak Ave.	
18. H221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Arteriosclerotic Cardiovascular Disease DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m.		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William W. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 7, 1952		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. LOCATION (State) (State)			
DATE RECEIVED BY LOCAL REGISTRAR JAN 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 1217 St. Paul Street	



56  
52 0114BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

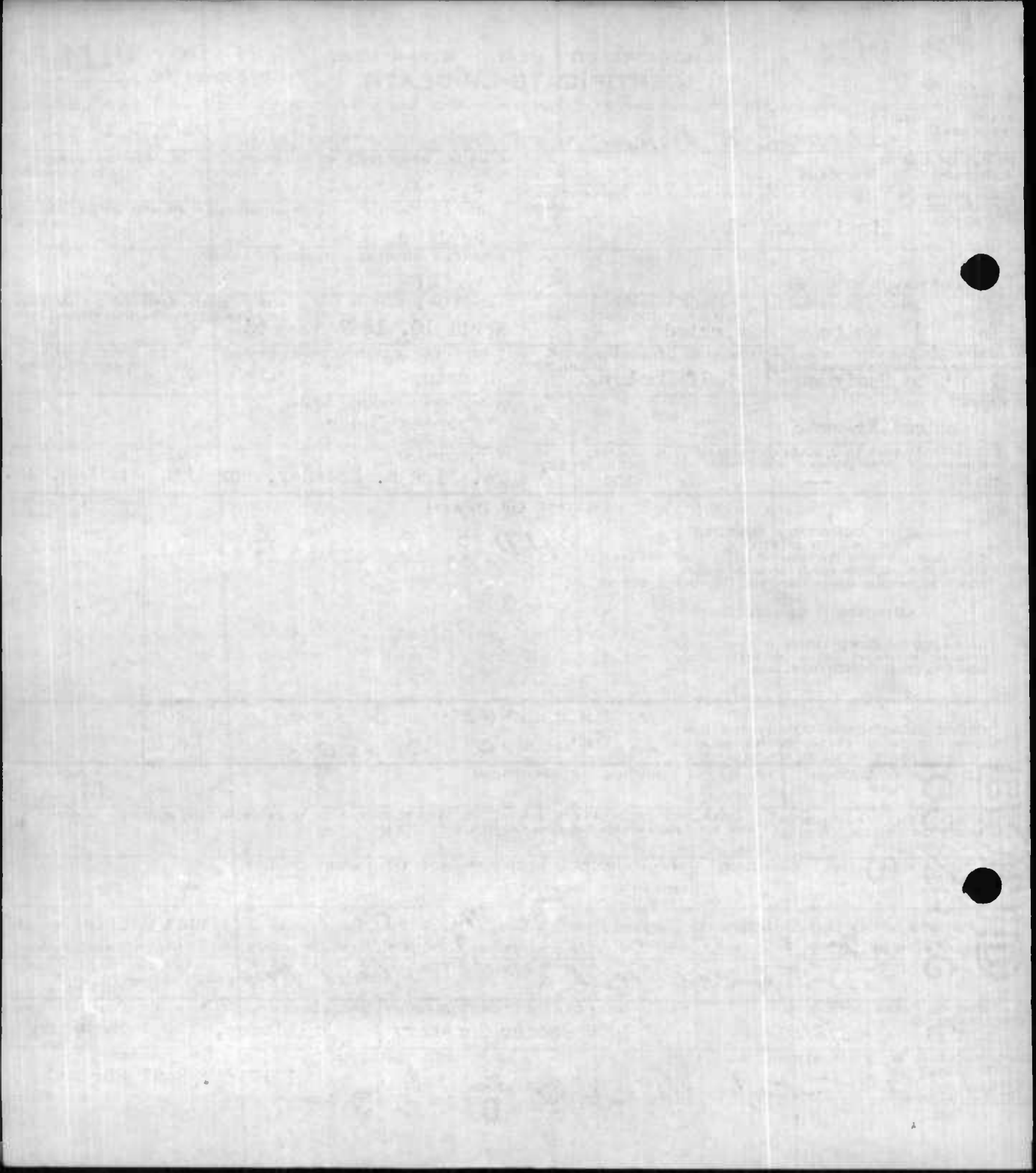
Registered No.

52 0114

1. NAME OF DECEASED (Type or Print) <b>GEORGE A. KRAEMER</b>		2. DATE OF DEATH <b>1-5-52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Florida</b> B. COUNTY <b>V-08</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Sinai Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Jupiter</b>	
6. Length of stay in Baltimore Yrs. Mos. Days <b>Box 166</b>		D. STREET ADDRESS (If rural, give location)	
7. SEX <b>male</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	10. DATE OF BIRTH <b>April 10, 1887</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Real Estate Business</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	
13. FATHER'S NAME <b>Andrew Kraemer</b>		14. MOTHER'S MAIDEN NAME <b>Frances Bauer</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. Alma M. Kraemer, Box 166, Jupiter, Fla.</b>		ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>416x I RHD - Cardiac Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 mo's</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>1. COLLAGEN DISEASE</b> <b>2. SPLENIC ABSCESS</b>			
20. DATE OF OPERATION <b>1-5-52</b>		21. MAJOR FINDINGS OF OPERATION	
22. DATE OF OPERATION <b>1-5-52</b>		23. MAJOR FINDINGS OF OPERATION	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		27. HOW DID INJURY OCCUR?	
28. TIME (Month) (Day) (Year) (Hour) OF INJURY		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
30. I hereby certify that I attended the deceased from <b>11-19-51</b> , 19 <b>51</b> , to <b>1-5-52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Jan. 5, 1951</b> , and that death occurred at <b>7:35 Am.</b> , from the causes and on the date stated above.			
31. SIGNATURE <b>Dr. Joseph Taler</b>		32. ADDRESS <b>Sinai Hospital</b>	
33. DATE SIGNED <b>1-5-52</b>			
34. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		35. DATE <b>1/8/52</b>	
36. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>		37. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
38. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 7 - 1952</b>		39. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
40. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		41. ADDRESS <b>1217 St. Paul Street</b>	

47074

9513





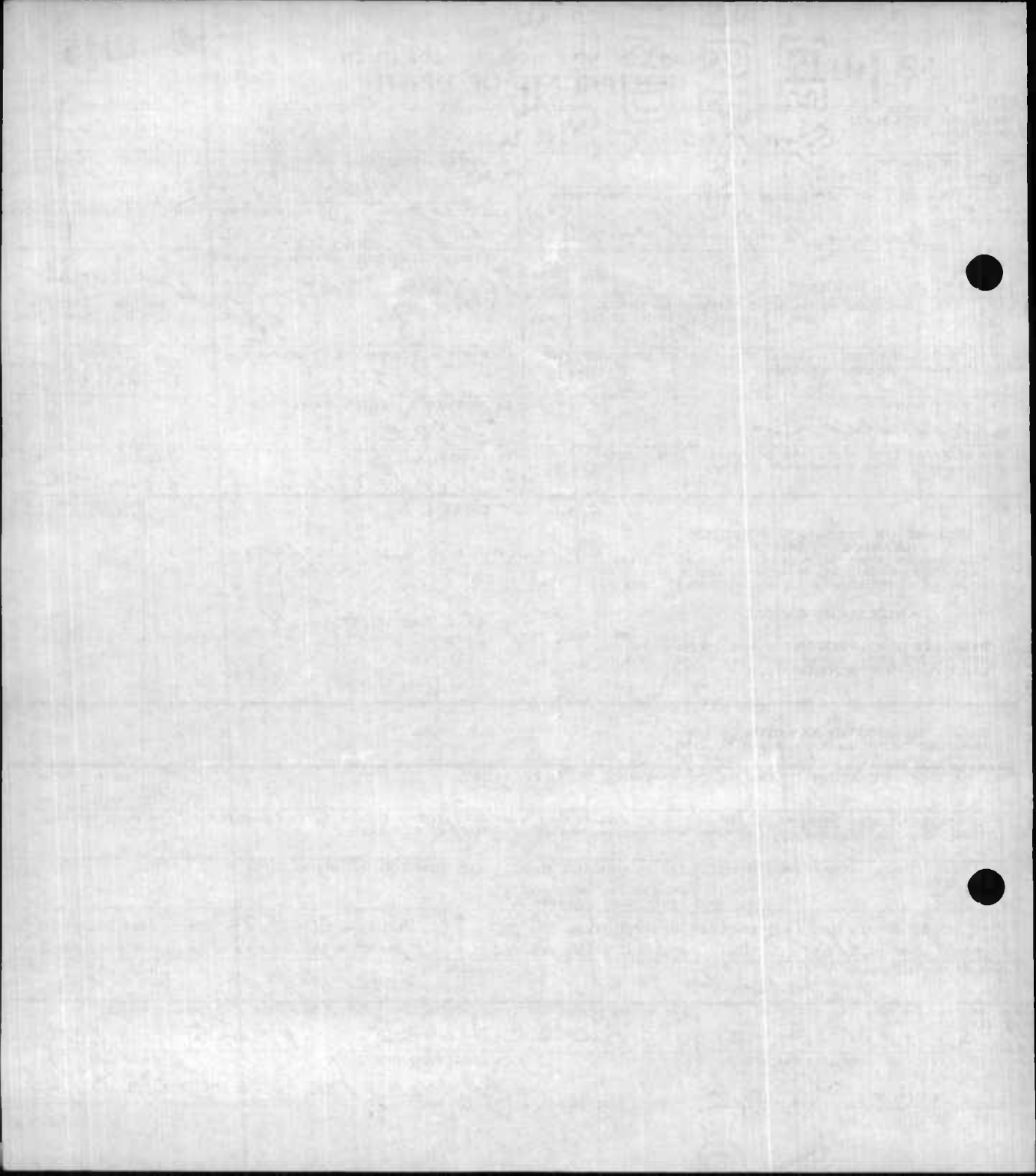
100  
52 0115BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 0115

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Charles Ballou		1-6-52-	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY 15-47	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Swai Hospital of Baltimore Baltimore		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
7. STREET ADDRESS (If rural, give location) 7001 Royce Falls Parkway		8. DATE OF BIRTH	
9. AGE (In years last birthday) 38		10. Under 1 Year Months: Days Under 24 Hours Hour: Min.	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Samuel		14. MOTHER'S MAIDEN NAME Rebecca	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Tillie Ballou -		ADDRESS same	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Vascular accident DUE TO ANTECEDENT CAUSES (B) Hypertension DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/30/51, 19__, to 1/6-52, 19__, that I last saw the deceased alive on 1/6/52, 19__, and that death occurred at 8:45 AM from the causes and on the date stated above.			
23A. SIGNATURE J. Hughes		23B. ADDRESS Swai Hosp.	
23C. DATE SIGNED 1/7/52			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 1-7-52	
24C. NAME OF CEMETERY OR CREMATORY Rose Dale		24D. LOCATION (City, town, or county) (State) Balto Md	
25. FUNERAL DIRECTOR Huntington Williams, M. J. Lee, Lewis & Co		ADDRESS 2100 Canton Rd	





51  
52 0116BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0116  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SARA Rosenfeld

2. DATE  
OF  
DEATH

JAN 6 - 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE

Md.

B. COUNTY

before admission)

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Pikesville - Rural

D. STREET ADDRESS (If rural, give location)

3103 BONNIE ROAD 5200

5. Length of stay in Baltimore

Life

6. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

Joseph E. Kleas

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF  
WHAT COUNTRY?13. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 196X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Perforated gastric ulcer

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Chondroma of esophagus

(C)

Chondroma of esophagus

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
INJURY

21e. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17-1961, to 1-6-1952, that I last saw the  
deceased alive on 1-6-1952 and that death occurred at 457 A.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

1/6/52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 7 - 1952

Huntington Williams, M.D. Jack Lewis, Jr. 2100 Canton Rd

Perforated paper cover  
Blackboard of porcelain

W. B. Linn

52 0117

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0117

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)W.  
HARRY / DOLL2. DATE  
OF  
DEATH

January 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION

4207 Belvieu Avenue

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Landscape Artist (rtd)

10B. KIND OF BUSINESS OR  
INDUSTRY

Landscaping

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

none

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4207 Belvieu Avenue

8. DATE OF BIRTH

Feb. 10, 1871

9. AGE (In years  
last birthday)

79

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ADDRESS

Mrs. Nellie M. Doll - 4207 Belvieu Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT ☐  
WORKNOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Hoots

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☐  
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

1/5/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/7/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

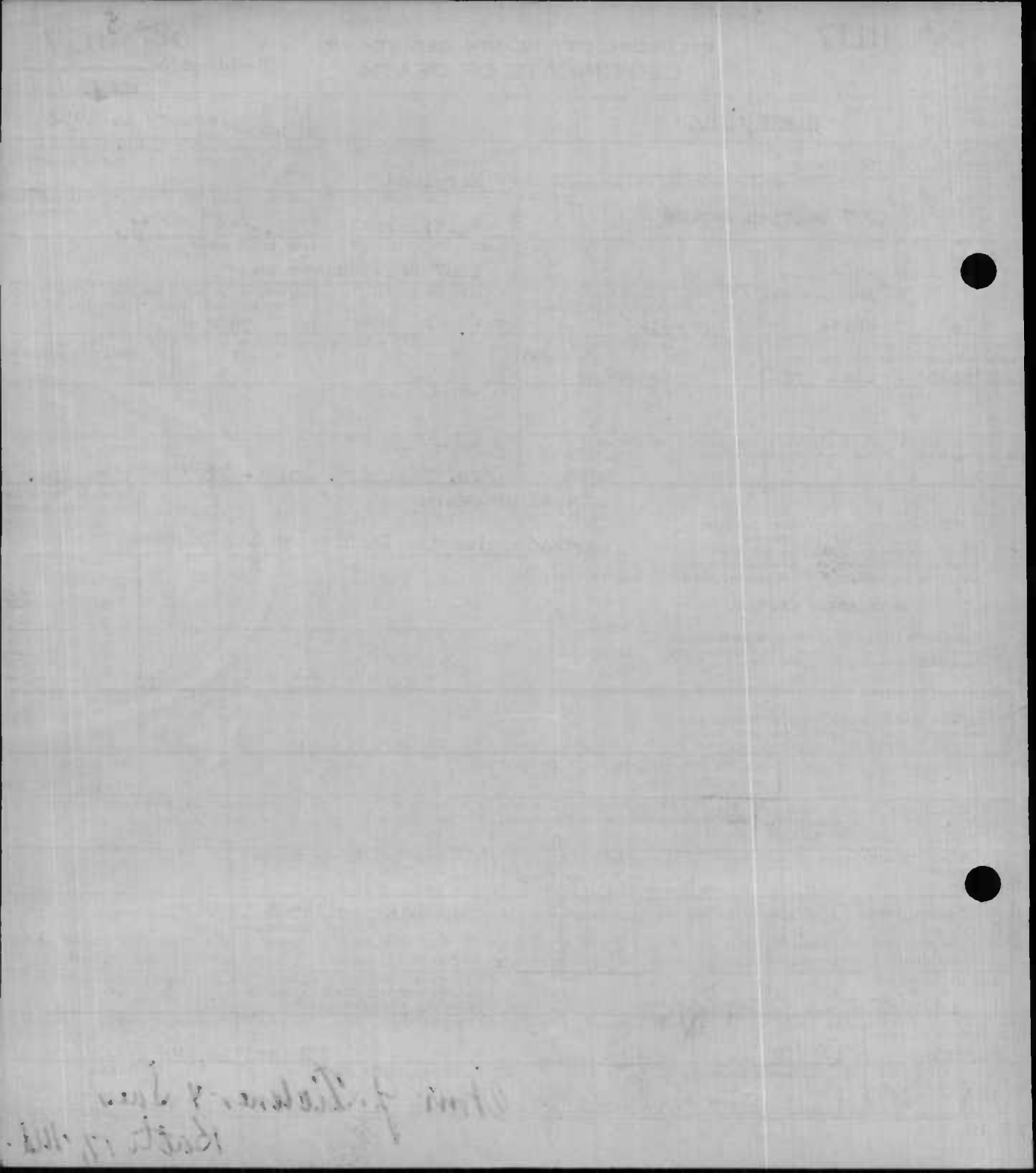
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Ston. G. Pickens &amp; Sons

ADDRESS

937 Batts 17, Md.



40

52 0118

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0118

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print)		Martha Southall		2. DATE OF DEATH		January 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 2631 Edmondson Ave.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2631 Edmondson Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-02			
6. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 2631 Edmondson Ave.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH ?		9. AGE (In years last birthday) 72	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) never employed		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Canada		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George B. Southall				14. MOTHER'S MAIDEN NAME Frances Cunningham			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) --		16. SOCIAL SECURITY NO. --		17. INFORMANT Mr. Clifford Southall-5965 N. 6th St. Harrisburg, Pa.			

18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma Recto-Sigmoid Colon & Metastases DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 13 MOS.			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. TIME (Month) (Day) (Year) (Hour) INJURY		21F. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
22. I hereby certify that I attended the deceased from 1/5, 1952 to 1/5, 1952, that I last saw the deceased alive on 1/5, 1952, and that death occurred at 6:00 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Paul K. Zeigler		23B. ADDRESS 3723 Edmondson Ave. M. D.	
23C. DATE SIGNED 1/6/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/8/52	
24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR Wm. J. Tickers & Sons 46 E. Batts Md.	

MEDICAL CERTIFICATION

Wm. J. Vickrey, Jr.  
Bath, Me.



52

0119

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0119

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. PLACE OF DEATH:  
A. Baltimore City, Maryland3. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.2. DATE  
OF  
DEATH Jan 5 19524. USUAL RESIDENCE (Where deceased lived. If institution, residence  
before admission)

A. STATE Maryland B. COUNTY 9-08

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT ADDRESS AV

## CAUSE OF DEATH

18. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1952 to Jan 5, 1952 that I last saw the  
deceased alive on Jan 5, 1952 and that death occurred at 8:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 7 - 1952

Huntington Williams, M.D.

Wm. J. Tighner &amp; Sons - Baltimore

DEPARTMENT OF HEALTH  
BIRMINGHAM CITY HEALTH DEPARTMENT

100-1000

52 0120

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0120  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)H.  
William Reichert2. DATE  
OF  
DEATH

Jan 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3606 Edgewood Rd.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years  
last birthday)If Under 1 Year  
Months Days  
If Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

Chief Clerk

Railroad

Maryland

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

George Reichert

Catherine Zenthofer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

none

(If yes, give war or dates of service)

705-05-2489

Mrs. Carrie Reichert-3606 Edgewood Rd.

18. E812 4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Skull Fracture

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Compound Comminuted Fracture of

DUE TO

(C) Tibia + Fibula

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

street

Belair Road near Clifton Park Terrace

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

1/5/52 9:15 P. m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Insp + Inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or In-  
and death in my opinion resulted from: natural causes  
I, find that said deceased died on the day stated above,  
accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

M.D.

ASSISTANT MEDICAL EXAMINER.....

Jan 6, 1952

MEDICAL INVESTIGATOR.....

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/9/52

Parkwood Cem.

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE,

25. FUNERAL DIRECTOR

ADDRESS

JAN 7 - 1952

Huntington Williams, M.D.

John J. Tichener &amp; Sons

N-804.2

39050

1700 Baito Mda

Blm. p. 100  
1914

514  
52 0121HEMPER  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0121  
Registered No.

BIRTH NO.		2. DATE OF DEATH	
1. NAME OF DECEASED (Type or Print) <i>ELLA HEMPEL</i>		<i>Jan 5 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mary Hays</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Rural</i>	
6. Length of stay in Baltimore <i>72</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>304 Hopkins Rd 5300</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 10 1879</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>OWN HOME</i>	9. AGE (In years last birthday) <i>72</i>
11. BIRTHPLACE (State of foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>George Day</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Hosp Records</i>		ADDRESS	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Carcinoma of Stomach</i> DUE TO <i>(B)</i> DUE TO <i>(C)</i>			
INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8/11</i> , 1952, to <i>1/5</i> , 1952, that I last saw the deceased alive on <i>1/5</i> , 1952, and that death occurred at <i>12:30</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>C. R. Shulman</i>		23B. ADDRESS <i>Mary Hays</i>	
23C. DATE SIGNED <i>1/5/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>1-8-1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>LODGE PARK</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO. MD.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 7 - 1952</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>	
25. FUNERAL DIRECTOR <i>H. W. JENKINS &amp; SONS Co.</i>		ADDRESS <i>4905 YORK RD.</i>	

1

*[Faint, illegible handwritten text covering the majority of the page, likely bleed-through from the reverse side.]*



52 0122

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

NICHOLAS H. MILLER

2. DATE  
OF  
DEATH

SAT. JAN. 5, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MD - ANNE ARUNDEL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

GLEN BURNIE 5200

D. STREET ADDRESS (If rural, give location)

Rose ANN Rd - R.F.D. 112

5. Length of stay in Baltimore

1

Yrs.  
Mos.  
Days

6. SEX 7. COLOR OR RACE 8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MALE WHITE DIVORCED

9. DATE OF BIRTH

Feb. 9/1886

10. AGE (In years last birthday)

65 yrs

11. Under 1 Year Months Days 12. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MOTORIST FIREMAN

10B. KIND OF BUSINESS OR INDUSTRY

B.S.O. P.R.

11. FATHER'S NAME

Michael MILLER

12. BIRTHPLACE (State or foreign country)

BALTO MD.

13. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

(P) Jennie Hartman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

705-05-5140

17. INFORMANT

EDW. W. MILLER (son)

ADDRESS

same

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Congestive Heart Failure

DUE TO

(B)

Myocardial Infarction

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

?

?

?

19. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Thromb.

21A. DATE OF OPERATION

21B. MAJOR FINDINGS OF OPERATION

22. AUTOPSY?

YES ☐ NO ☒

23A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

23B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

23C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

24A. TIME (Month) (Day) (Year) (Hour) (Minute)

24B. INJURY OCCURRED

24C. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

25. I hereby certify that I attended the deceased from January 1, 1951, to Jan. 4, 1952, that I last saw the deceased alive on 1/4/52, and that death occurred at 7:10 P.M., from the causes and on the date stated above.

26A. SIGNATURE

Kustad Starcher D.M.D.

26B. ADDRESS

Glen Burnie, Md.

26C. DATE SIGNED

1-5-52

27A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

27B. DATE

Jan. 8, 1952

27C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cemetery

27D. LOCATION (City, town, or county)

Glen Burnie, G. &amp; C. Co., Md.

28. RECEIVED BY REGISTRAR'S SIGNATURE

JAN 7 - 1952

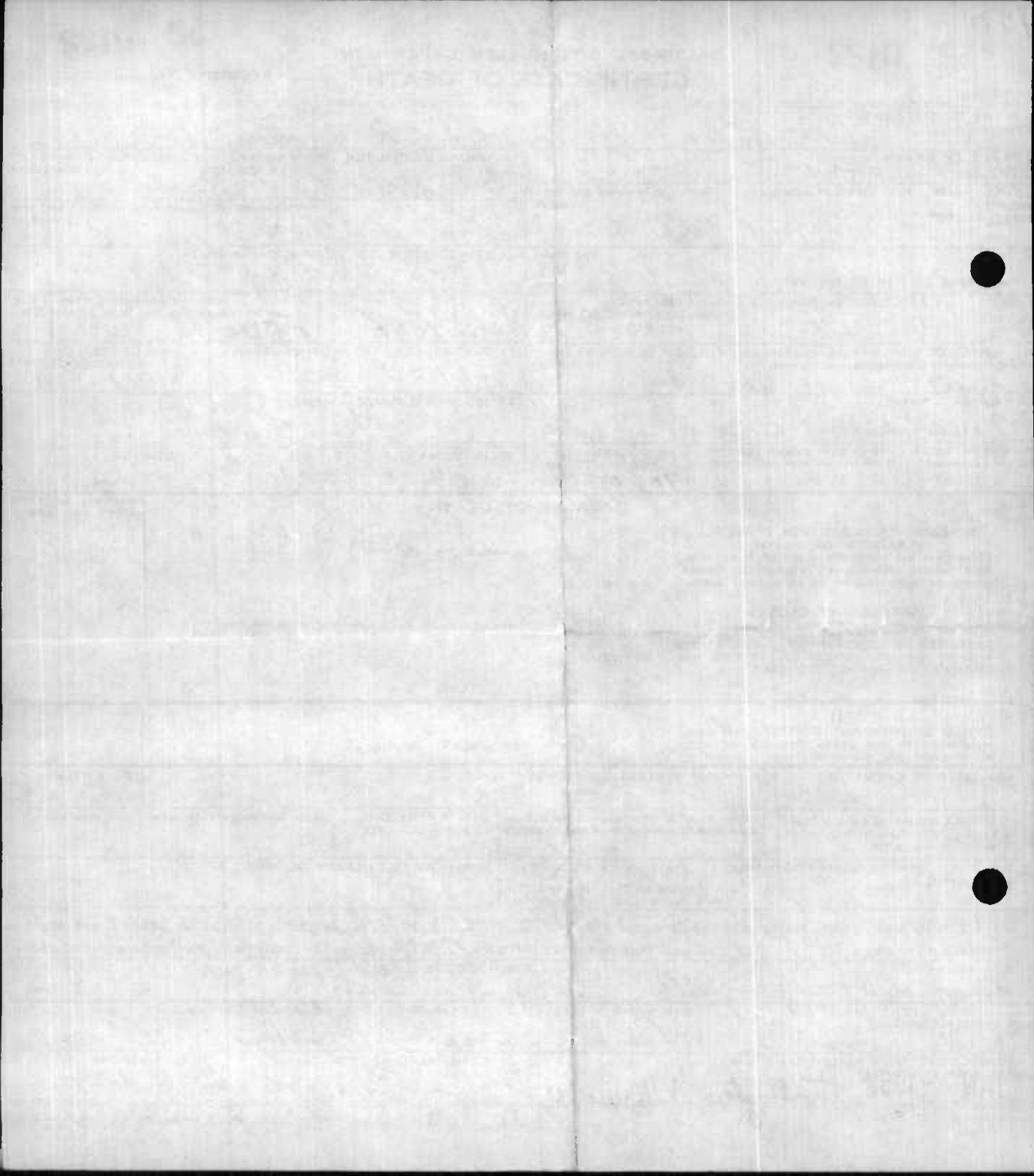
29. FUNERAL DIRECTOR

Huntington Williams, M.D. Howard Ave. 14005 Charles St. Balt 7049

ADDRESS

542 5015 Certificate signed by family physician 94a





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 0123  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ernest J. Bawey</i>			2. DATE OF DEATH <i>Jan 4, 1952</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>1612 Olive St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md</i> b. COUNTY <i>23-02</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
6. Length of stay in Baltimore <i>33 yr</i>			d. STREET ADDRESS (If rural, give location) <i>1612 Olive St</i>		
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>June 9, 1885</i>		11. AGE (In years last birthday) <i>66</i>
12. a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Day Laborer</i>			13. b. KIND OF BUSINESS OR INDUSTRY <i>Supplying Wrecking</i>		14. c. BIRTH PLACE (State or foreign country) <i>Woodstock Md</i>
15. d. FATHER'S NAME <i>Beal R. Bawey</i>			16. e. CITIZEN OF WHAT COUNTRY? <i>US</i>		
17. f. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>			18. g. SOCIAL SECURITY NO.		
19. h. INTERVANT ADDRESS <i>Mrs Maryand Beal Shultz Md</i>					
18. i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Thrombosis Coronary</i>			j. INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i>		
k. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary Sclerosis</i>			l. YEAR <i>year</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		20. b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20. c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21. a. TIME (Month) (Day) (Year) (Hour) OF INJURY		21. b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. c. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-20-</i> , 19 <i>49</i> , to <i>1-4-</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1-4</i> , 1952, and that death occurred at <i>5:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Mendel</i>			23B. ADDRESS <i>651 N Beutalou St</i>		23C. DATE SIGNED <i>1-5-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24B. DATE <i>Jan. 8, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St Alphonsus</i>	24D. LOCATION (City, town, or county) (State) <i>Woodstock Md</i>		
25. a. DATE RECEIVED BY LOCAL REGISTRAR <i>Jan 1 - 1952</i>			25. b. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		
25. c. FUNERAL DIRECTOR <i>W. G. and E. Evans</i>			25. d. ADDRESS <i>1400 S. Charles</i>		

VS 150

97024

94a

VALLEY  
CONGRESS  
BOND

530

52 0124

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0124

BIRTH NO. 52-00148

Registered No.

1. NAME OF DECEASED  
(Type or Print)

Baby Girl Smith

2. DATE  
OF  
DEATH

Jan 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore5. FULL NAME OF (If not in hospital or institution, give street address or location)  
INSTITUTION Mercy Hospital6. Length of stay in Baltimore 1  
Yrs. Mes. Days7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
S

8. DATE OF BIRTH Jan 5, 1952

9. AGE (In years, last birthday) 1  
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph B. Smith

14. MOTHER'S MAIDEN NAME Mary T. Tracy

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Joseph B. Smith

ADDRESS 400 Hopkins Road

18. 776X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity

DUE TO

INTERVAL BETWEEN ONSET AND DEATH 1 day

II ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-1951 to 1-6-1951, that I last saw the deceased alive on 1-6-1951, and that death occurred at 4:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE Edward M. Sigels

23B. ADDRESS Mercy Hospital

23C. DATE SIGNED 1-6-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

24B. DATE Jan. 7, 1952

24C. NAME OF CEMETERY OR CREMATORY Cathedral

24D. LOCATION (City, town, or county) Baltimore (State) Md.

DATE RECEIVED BY LOCAL REGISTRAR JAN 7-1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR H.W. Monroson

ADDRESS 805 N. Calvert St

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY  
WASHINGTON, D. C.

9

420 52 0125

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0125  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Regina Belz

2. DATE  
OF  
DEATH

1/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Bon Secours Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

C. Length of stay in Baltimore

79Yrs.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Charles Graber

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.  
None

8. DATE OF BIRTH

5/9/72

9. AGE (in years last birthday)

79

11 Under 1 Year  
Months: Days

7 26

11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?  
U.S.

14. MOTHER'S MAIDEN NAME

Theresa Steiner

17. INFORMANT

ADDRESS

Marie Belz, 2105 W. Lexington St.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Generalized Metastatic Carcinoma

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Carcinoma of Breast

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 2, 1952, to January 5, 1952, that I last saw the deceased alive on January 5, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Doris H. Gault

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

1/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Doris H. Gault

25. FUNERAL DIRECTOR

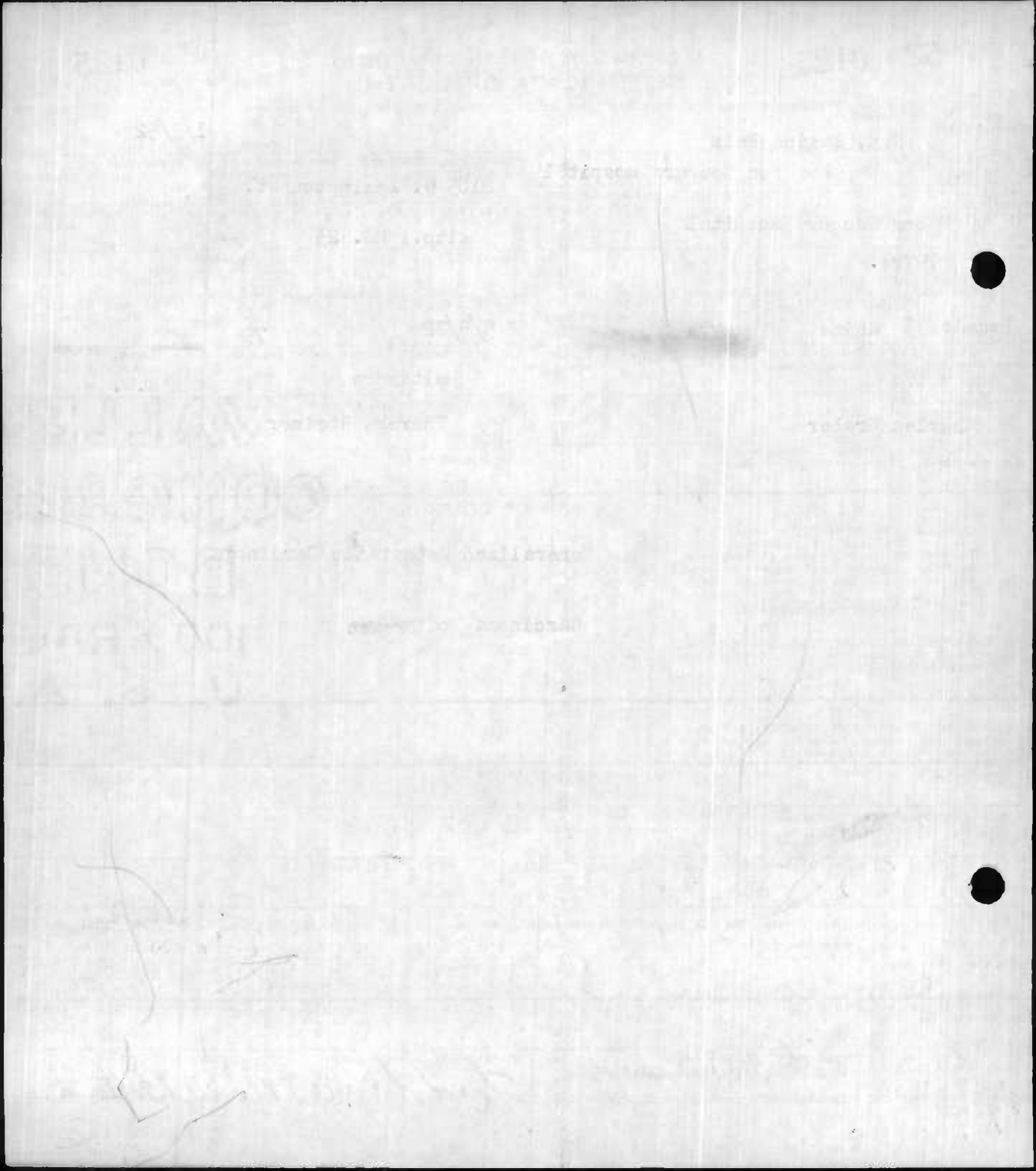
ADDRESS

Fred A. Cole 1913 W. Balto. St.

JAN 7 - 1952

VS 150

50





562 0126

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0126  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EDWARD TURNER

2. DATE

OF

DEATH 1/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

709 N. CALHOUN STREET

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

709 N. CALHOUN STREET

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

COOK

10B. KIND OF BUSINESS OR INDUSTRY

RESTURANT

11. BIRTHPLACE (State or foreign country)

ELLENTON, S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

GEORGE TURNER

14. MOTHER'S MAIDEN NAME

GERALDINE TURNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

213-09-4348

17. INFORMANT

ADDRESS

JAMES TURNER-1317 W. Franklin St.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

6 mo.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 20, 1951, to Jan. 4, 1952, that I last saw the deceased alive on Jan. 4, 1952, and that death occurred at 2:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

2530 P. Ave.

1/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

1/9/52

FOUR MILE CEMETERY

ELLENTON, S.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 7 - 1952

CHAS. G. COOPER-512 CARROLLTON AV.

VS 150

754 6M Charles G. Cooper

1312

THURSDAY 12th - 10th 1949  
100150 ZR 177

TO: DIRECTOR  
FROM: SAC, NEW YORK

SUBJECT: MURDER OF  
JAMES EARL RAY

RE: SAC, NEW YORK  
100-100000

NY 100-100000

NY 100-100000

6052 0127

52 0127

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

a. STATE

b. COUNTY

5. FULL NAME OF  
(If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION

c. CITY OR TOWN

(If outside corporate limits, write U.R.A. and give township)

d. STREET ADDRESS (If rural, give location)

6. SEX

7. COLOR OR RACE

8. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

9. DATE OF BIRTH

10. AGE (in years  
last birthday)11. Under 1 Year  
Months: Days12. Under 24 Hours  
Hours: Min.13. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)14. KIND OF BUSINESS OR  
INDUSTRY

15. BIRTHPLACE (State or foreign country)

16. CITIZEN OF  
WHAT COUNTRY?

17. FATHER'S NAME

18. MOTHER'S MAIDEN NAME

19. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)20. SOCIAL  
SECURITY NO.

21. INFORMANT

22. ADDRESS

23. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

## ANTECEDENT CAUSES

24. DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.25. OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

26. DATE OF OPERATION

27. MAJOR FINDINGS OF OPERATION

28. AUTOPSY?

YES ☐ NO ☒29. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH30. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)31. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

32. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

33. INJURY OCCURRED

34. HOW DID INJURY OCCUR?

35. WHILE AT  
WORK ☐36. NOT WHILE  
AT WORK ☐37. I hereby certify that I attended the deceased from 1/3/52, 19\_\_, to 1/5/52, 19\_\_, that I last saw the  
deceased alive on 1/5/52, 19\_\_, and that death occurred at 6:40 p. m., from the causes and on the date stated above.

38. SIGNATURE

39. ADDRESS

40. DATE SIGNED

41. BURIAL, CREMA-  
TION, REMOVAL (Specify)

42. DATE

43. NAME OF CEMETERY OR CREMATORY

44. LOCATION (City, town, or county)

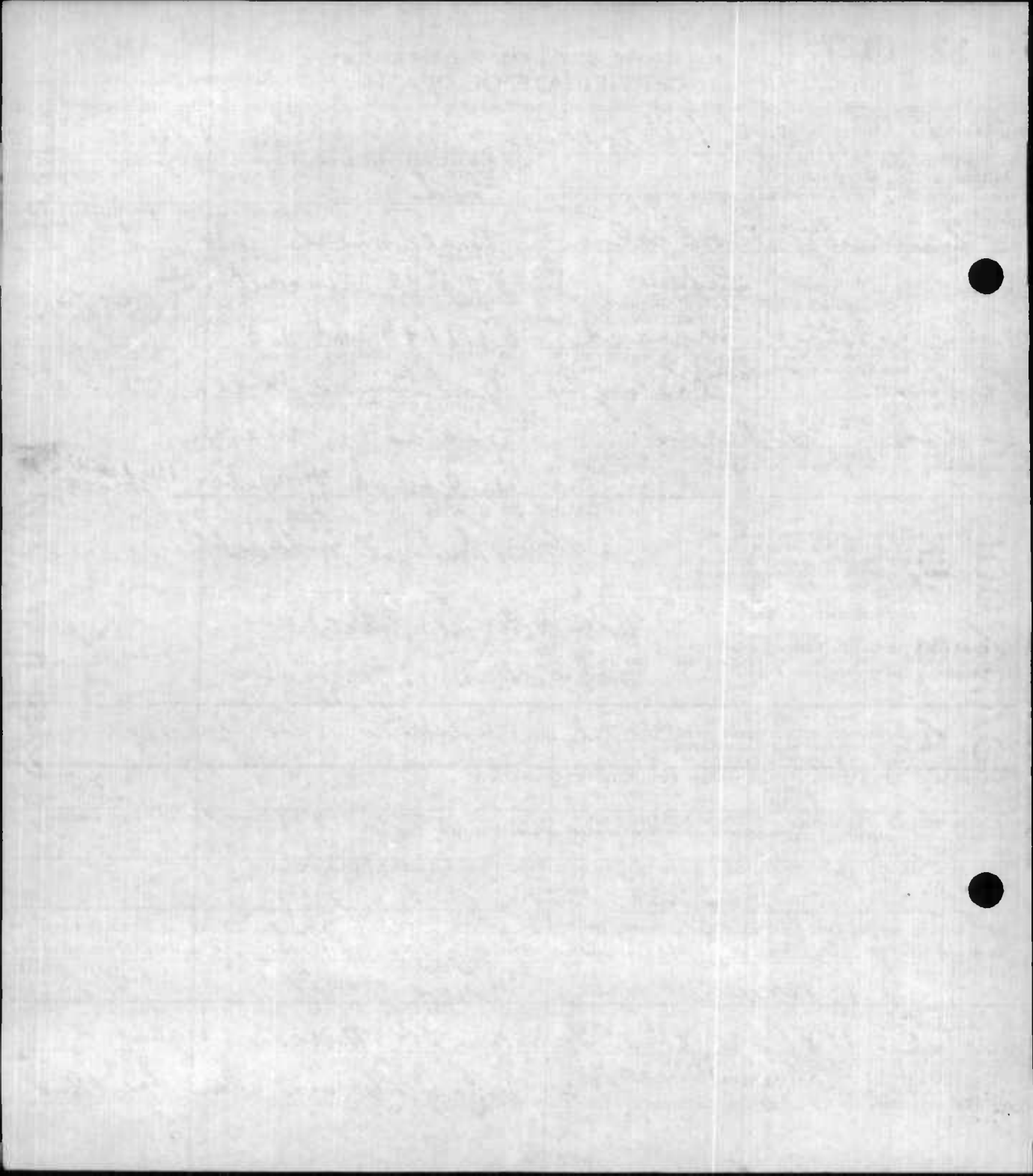
(State)

45. DATE RECEIVED BY  
LOCAL REGISTRAR

46. REGISTRAR'S SIGNATURE

47. FUNERAL DIRECTOR

48. ADDRESS



L 32 0128

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0128

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Lena Lamartina

2. DATE  
OF  
DEATH

1/6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2012 Eagle St.

5. LENGTH OF STAY IN BALTIMORE

45

6. SEX

Female

7. COLOR OR RACE

white

8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

house wife

10. KIND OF BUSINESS OR INDUSTRY

at home

11. FATHER'S NAME

Samuel Garbo

12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

13. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-03

6. STREET ADDRESS (If rural, give location)

2012 Eagle St.

7. DATE OF BIRTH

9/16/1898

8. AGE (In years last birthday)

63

9. Under 1 Year Months: Days

10. Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

USA

13. MOTHER'S MAIDEN NAME

Unknown

14. INFORMANT

ADDRESS

Mr Vincent Lamartina 2012 Eagle St.

15. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic vessels  
Hypertension

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

45 min

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

22E. INJURY OCCURRED

22F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1951 to Jan 1952 that I last saw the deceased alive on 6 Jan 1952, and that death occurred at 7:15 PM from the causes and on the date stated above.

23A. SIGNATURE

H. Bayless

M. D.

23B. ADDRESS

1600 Wilkins Ave

23C. DATE SIGNED

7 Jan 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/9/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county) (State)

4300 Old Frederick Rd.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John J. Brown

25. FUNERAL DIRECTOR

John J. Brown &amp; Son

ADDRESS

901 St.

JAN 7 - 1952

VS 150

94a

1. The first of these is the fact that the  
2. second is the fact that the  
3. third is the fact that the  
4. fourth is the fact that the  
5. fifth is the fact that the  
6. sixth is the fact that the  
7. seventh is the fact that the  
8. eighth is the fact that the  
9. ninth is the fact that the  
10. tenth is the fact that the



6532 0129

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0129

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

1119 Scott Street

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

Life

6. SEX  
7. COLOR OR RACE  
8. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)Male  
White  
Married

9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

10. KIND OF BUSINESS OR INDUSTRY

at home

11. FATHER'S NAME

John Kainer

12. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

13. SOCIAL SECURITY NO.

14. DATE OF BIRTH

July 14, 1891

15. AGE (In years last birthday)

80

16. Under 1 Year  
Months: Days17. Under 24 Hours  
Hours: Min.

18. BIRTHPLACE (State or foreign country)

Baltimore

19. CITIZEN OF  
(WHAT COUNTRY?)

U.S.

20. MOTHER'S MAIDEN NAME

Katherine Conway

21. INFORMANT

Mrs Ethel L. Lacey 1119 Scott St

ADDRESS

22. 443X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Bronchitis - Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

5 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocarditis

2 yr.

(C)

Hypertension

3 yr.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

23. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

24. HOW DID INJURY OCCUR?

25. I hereby certify that I attended the deceased from Jan 2, 1957 to Jan 7, 1957, that I last saw the deceased alive on Jan 6, 1957, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

26. SIGNATURE

Horn H. H. H.

M. D.

27. ADDRESS

517 Scott St

28. DATE SIGNED

Jan 7, 1957

29. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

30. DATE

1/10/57

31. NAME OF CEMETERY OR CREMATORY

New Baltimore Cem 4300 Old Field Road

32. DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 7 - 1957

33. REGISTRAR'S SIGNATURE

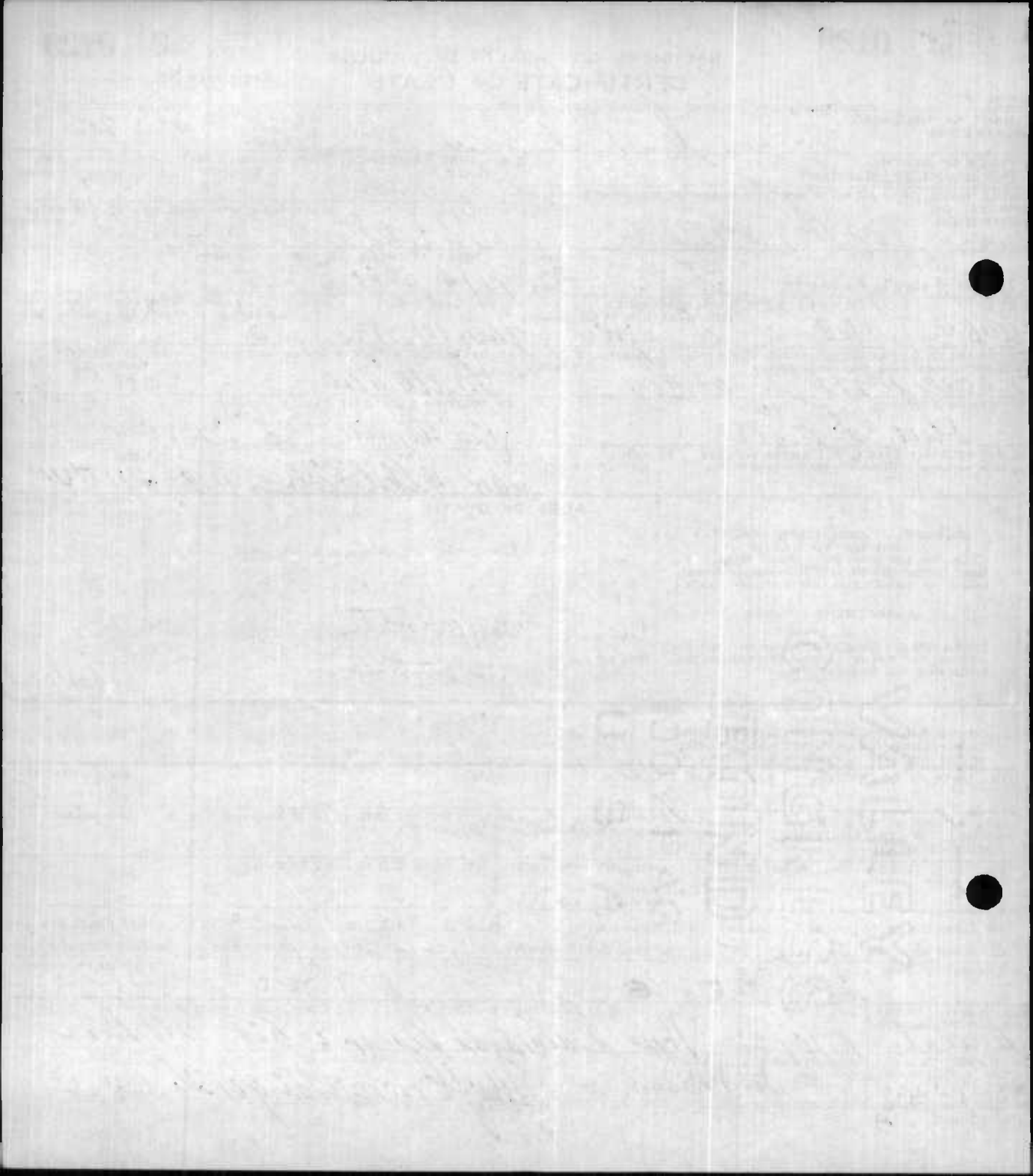
Wilmington Williams, Jr.

34. FUNERAL DIRECTOR

J. H. Brown &amp; Son 901 Bell St

35. ADDRESS





52 0130

52 0130

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SOPHIE or SOFIE GRZELIK

2. DATE  
OF  
DEATH

JAN 6 1952

3. PLACE OF DEATH:

Baltimore City, Maryland 1120 S. KENWOOD AVE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6. Length of stay in Baltimore

7. SEX  
FEMALE8. COLOR OR RACE  
WHITE9. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9. AGE (in years  
last birthday)10. Under 1 Year  
Months: Days  
11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

CANNING

10B. KIND OF BUSINESS OR  
INDUSTRY

ROBERTS CANNING

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

JEO DOMBROWSKI

VEG. (M)

14. MOTHER'S MAIDEN NAME

LEONORA NIEDGORSKI

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS

JOHN GRZELIK 1106 S. STREEPER ST

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma of Liver

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

Oct 30/51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE, (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Acute Coronary Thrombosis

DUE TO

Jan 5/52

(C)

19. OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

None.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1951, to Jan 6, 1952, that I last saw the  
deceased alive on Jan 5, 1952, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 7 - 1952

Huntington Williams, M.D.

Stephen J. Flakowski, Inc. 1200 S. KENWOOD AVE

VS 150

69048

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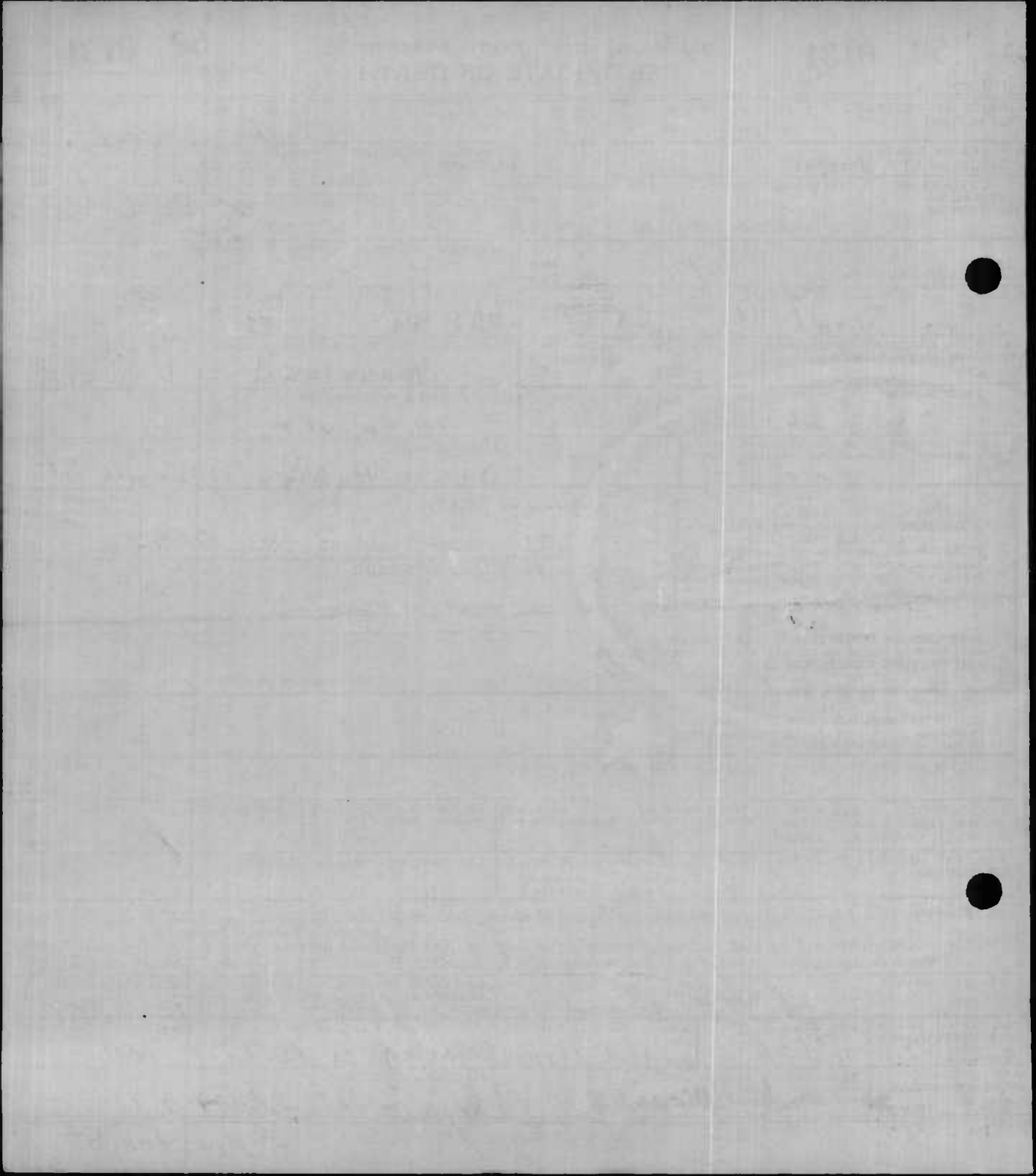
100-100000

50 52 0131

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0131  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		VIRGINIA ALLEN		January 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
		Md.			
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. Length of stay in Baltimore 40 Yrs. Mon. Days		D. STREET ADDRESS (If rural, give location) 315 Lewis St.			
7. SEX Female	8. COLOR OR RACE Colored	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	10. DATE OF BIRTH 7/5/899	11. AGE (In years last birthday) 52	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ? Maryland	
13. FATHER'S NAME UNKNOWN		14. MOTHER'S MAIDEN NAME UNKNOWN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes No		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Jesse W. Allen 315 Lewis St	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 260 X I Diabetes; Arteriosclerotic Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE B. Fisher		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	
23C. DATE SIGNED Jan. 4, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/8/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery	24D. LOCATION (City, town, or county) (State) A.A. Co. Md.
DATE RECEIVED BY LOCAL REGISTRAR JAN 7 - 1952	REGISTRAR'S SIGNATURE W. Williams, M.D.	25. FUNERAL DIRECTOR Raymond Sanders	
VS 151		ADDRESS 61 E. Preston St	



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0132

1. NAME OF DECEASED (Type or Print) <b>Lawrence H. Ross</b>		2. DATE OF DEATH <b>1-5-1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>md</b> B. COUNTY <b>26-11</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>5201 Eugene Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTO</b>	
6. Length of stay in Baltimore <b>life</b>		D. STREET ADDRESS (If rural, give location) <b>3319 Foster Ave</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>N</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Oct-2-1884</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		12. AGE (In years last birthday) <b>67</b>	
13. FATHER'S NAME <b>Thomas Ross</b>		14. BIRTHPLACE (State or foreign country) <b>BALTO md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. SOCIAL SECURITY NO. <b>212-05-8411</b>		18. INFORMANT <b>Paul Prosser</b>	
19. ADDRESS <b>5201 Eugene Ave</b>		20. ADDRESS <b>5201 Eugene Ave</b>	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>		22. INTERVAL BETWEEN ONSET AND DEATH <b>3 years</b>	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
25. DATE OF OPERATION <b>1-9-1952</b>		26. MAJOR FINDINGS OF OPERATION	
27. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		31. HOW DID INJURY OCCUR?	
32. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. I hereby certify that I attended the deceased from <b>Mar 1948</b> to <b>Jan 1952</b> , that I last saw the deceased alive on <b>Jan 5, 1952</b> , and that death occurred at <b>5:10 p.m.</b> , from the causes and on the date stated above.			
35. SIGNATURE <b>Harold H. Burns</b>		36. ADDRESS <b>115 E. Eager St</b>	
37. DATE SIGNED <b>Jan 6, 1952</b>			
38. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		39. DATE <b>1-9-1952</b>	
40. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>		41. LOCATION (City, town, or county) (State) <b>BALTO, Md.</b>	
42. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 7-1952</b>		43. REGISTRAR'S SIGNATURE <b>Wm. Williams</b>	
44. FUNERAL DIRECTOR <b>L. J. Rugh</b>		45. ADDRESS <b>4305 Maryland Rd</b>	
VS 150 <b>56424</b> <b>94a</b>			

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2738



16  
2 0133BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0133  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Milton A. Ashburn</i>		2. DATE OF DEATH <i>Jan. 6-1952</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>5509 Elserode Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-06</i>	
6. COLOR OR RACE <i>white</i>		D. STREET ADDRESS (If rural, give location) <i>5509 Elserode Ave</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Oct-10-1886</i>	
9. AGE (In years last birthday) <i>65</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Boiler</i>	
11. BIRTHPLACE (State or foreign country) <i>Virginia</i>		12. CITIZEN OF WHAT COUNTRY? <i>?</i>	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFORMANT <i>Mrs. Mary V. Ashburn, same</i>		ADDRESS <i>same</i>	
18. <i>442 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>cardio-renal-vascular dis-</i> <i>ease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Generalized arteriosclerosis</i>		<i>5 yrs.</i>	
19. DATE OF OPERATION <i>0</i>			
19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Nov. 1</i> , 19 <i>48</i> , to <i>Jan. 6</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>June 6</i> , 19 <i>52</i> , and that death occurred at <i>10 P. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>George B. Brown</i>		23B. ADDRESS <i>4808 Harford Rd.</i>	
23C. DATE SIGNED <i>1/7/52</i>		23D. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	
23E. LOCATION (City, town, or county) <i>Balto Md</i>		23F. (State) <i>Md</i>	
24. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-9-52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		24D. LOCATION (City, town, or county) <i>Balto Md</i>	
24E. (State) <i>Md</i>		25. FUNERAL DIRECTOR <i>L. Luck</i>	
25. ADDRESS <i>5305 Harford Rd</i>		25. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 7 - 1952</i>	
25. REGISTRAR'S SIGNATURE <i>Thurston Williams</i>		25. VS 150	

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Dr. Sawyer  
4808 Harford

60  
52 0134

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

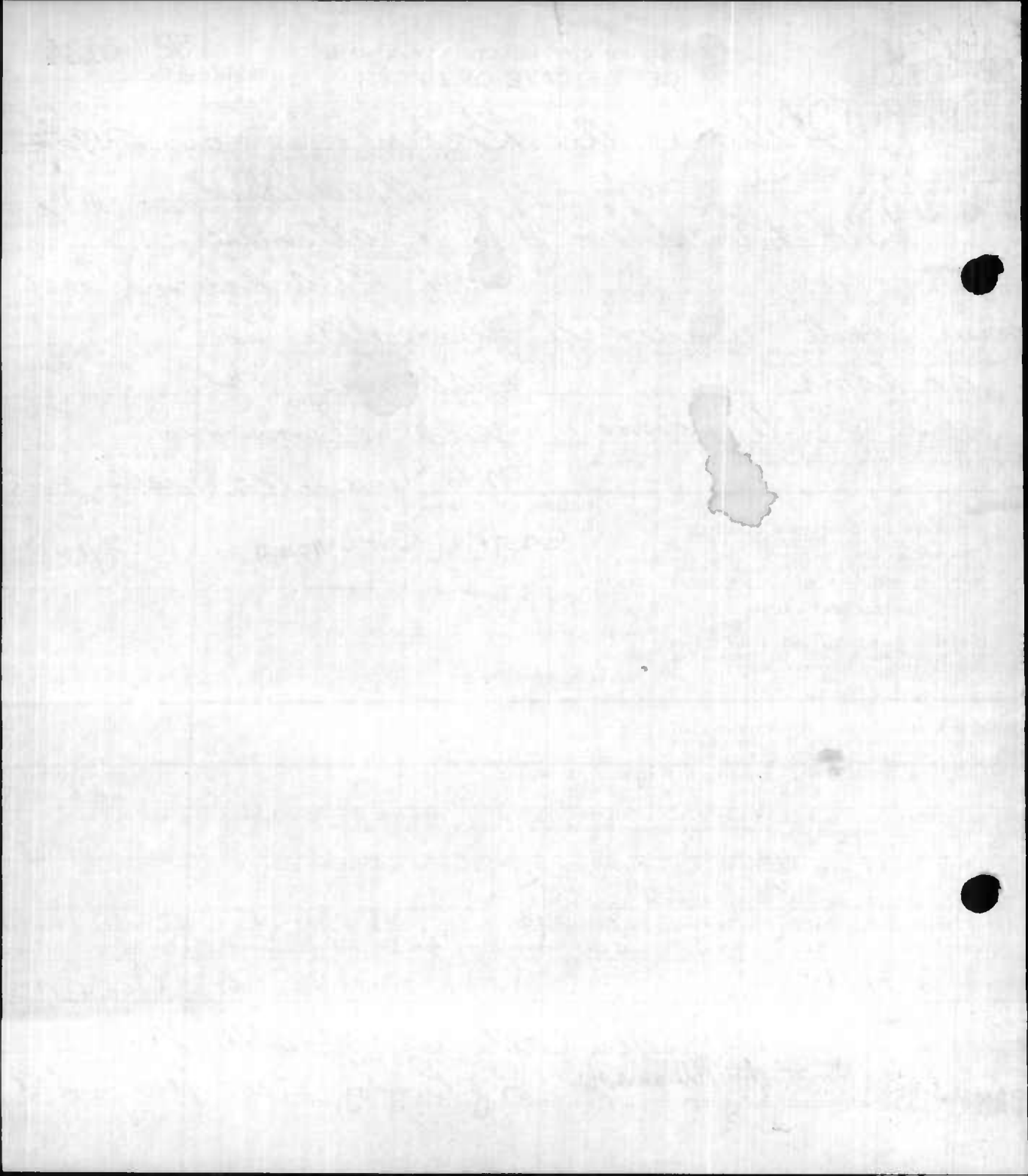
52 0134  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Lillian A. Baker</i>		2. DATE OF DEATH <i>Jan. 5-1952</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>6314 Blackburn Ct</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. DATE OF DEATH <i>Jan. 5-1952</i>		D. STREET ADDRESS (If rural, give location) <i>6314 Blackburn Court</i>	
7. SEX <i>Female</i>		8. DATE OF BIRTH <i>Nov. 20-1889</i>	
9. COLOR OR RACE <i>White</i>		9. AGE (In years last birthday) <i>62</i>	
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		13. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
14. FATHER'S NAME <i>John E. O'Connor</i>		15. MOTHER'S MAIDEN NAME <i>Julia Simmons</i>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		17. SOCIAL SECURITY NO. <i>151X</i>	
18. ADDRESS <i>6314 Blackburn Court</i>		19. INFORMANT <i>Mrs. Vivian McMaster same</i>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Gastric Carcinoma</i>		19. INTERVAL BETWEEN ONSET AND DEATH <i>2yrs.</i>
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>None</i>		
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>None</i>		

19A. DATE OF OPERATION <i>Jan. 3, 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Gastric Carcinoma</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>at home</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>at home</i>	
21D. TIME (Month) (Day) (Year) (Hour) <i>Jan. 3, 1952</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>None</i>	
22. I hereby certify that I attended the deceased from <i>Jan. 3, 1952</i> , to <i>Jan. 5, 1952</i> , that I last saw the deceased alive on <i>Jan. 3, 1952</i> , and that death occurred at <i>1:30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. H. Hammer</i>		23B. ADDRESS <i>501 Sheridan Ave.</i>		23C. DATE SIGNED <i>Jan. 5, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-8-1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	
24D. LOCATION (City, town, or county) <i>Baltimore</i>		24E. LOCATION (State) <i>Md.</i>		25. FUNERAL DIRECTOR <i>L. J. Hughes</i>	
25A. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 7-1952</i>		25B. REGISTRAR'S SIGNATURE <i>Wm. H. Hammer</i>		25C. ADDRESS <i>5305 Harford Rd</i>	

46B



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0135

BIRTH NO.

1. NAME OF DECEASED  
Type or Print)

ALTON

HONEKE

2. DATE  
OF  
DEATH

Jan. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

o. STREET ADDRESS (If rural, give location)

Waldorf Hotel-1829 N. Charles Street

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

MARCH 3, 1912

9. AGE (in years  
last birthday)

39

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10b. KIND OF BUSINESS OR INDUSTRY

Janitor

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

3. FATHER'S NAME

Max Haneke

14. MOTHER'S MAIDEN NAME

Bertha Thieme

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Carl J. Haneke Arnold, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Barbiturate poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

hotel

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Waldorf Hotel-1829 N. Charles Street

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Jan 6, 1952-found 7:00P.m.

21E. INJURY OCCURRED

WHILE AT ☐  
WORKNOT WHILE ☒  
AT WORK

21F. HOW DID INJURY OCCUR?

Self ingestion of barbiturate

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Denecker

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 7, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1/9/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Bluff

24D. LOCATION (City, town, or county)

Annapolis

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 7 - 1952

REGISTRAR'S SIGNATURE

Stanley H. Denecker

25. FUNERAL DIRECTOR

John M. Taylor &amp; Son

ADDRESS

Annapolis

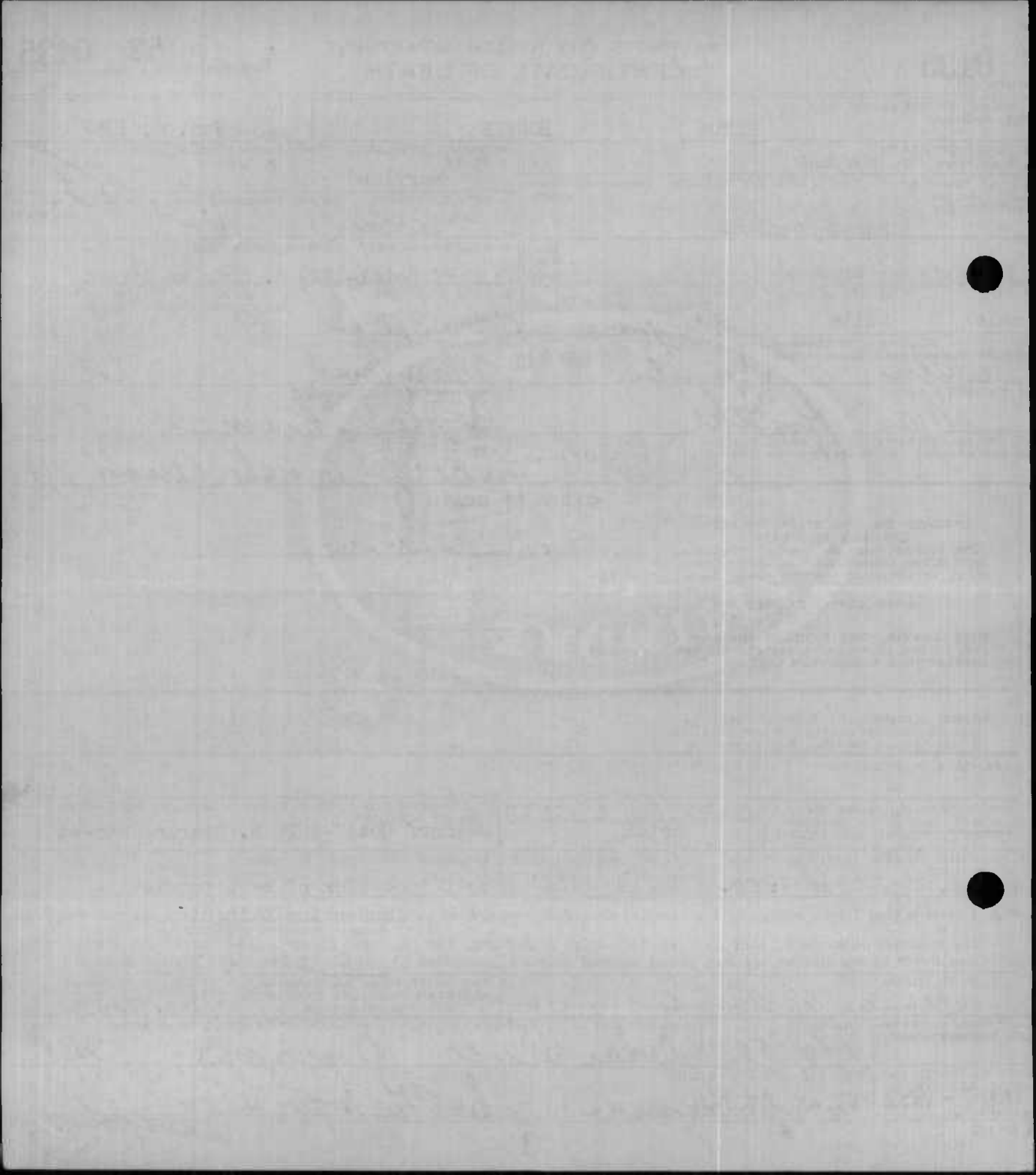
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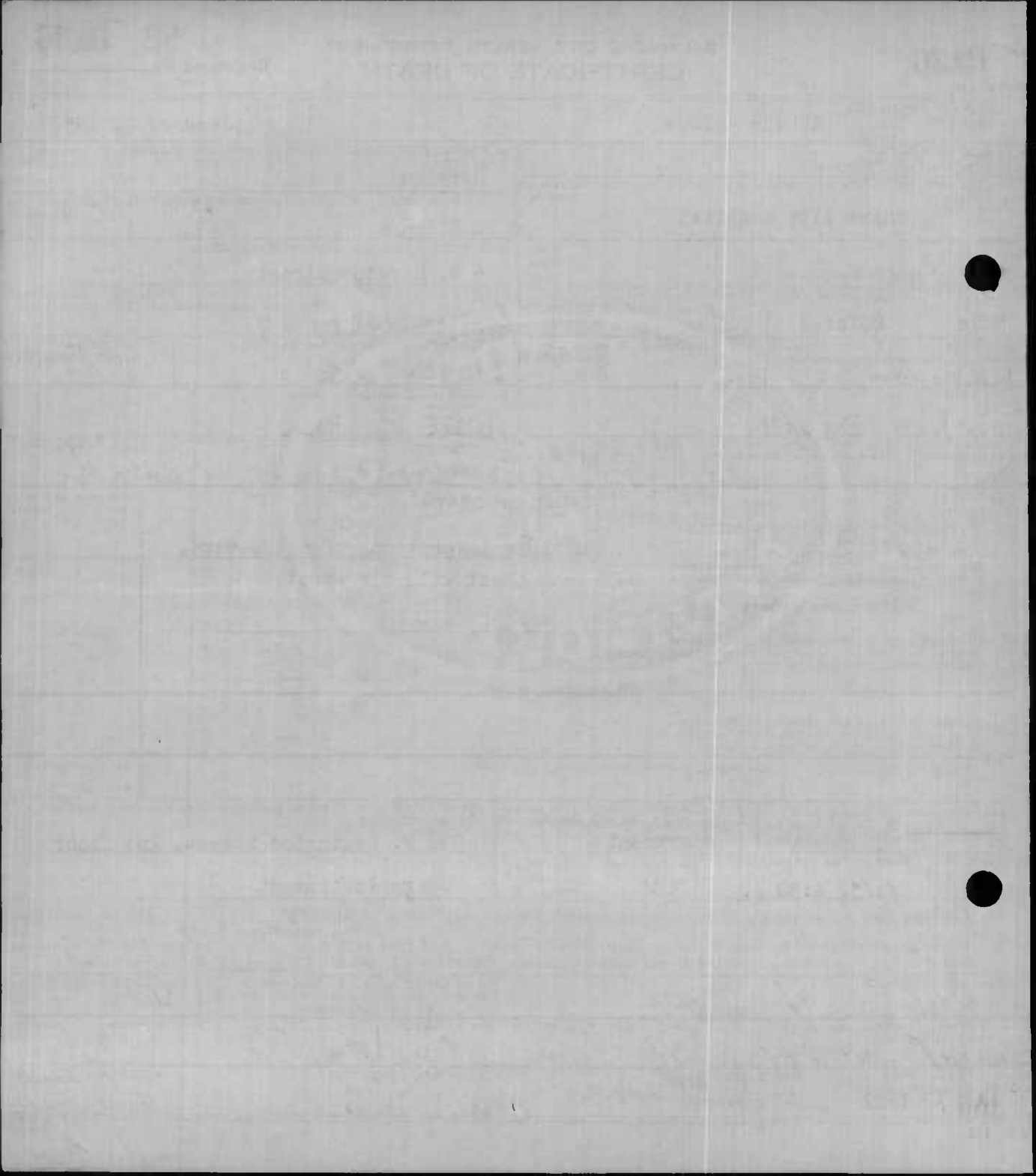
250  
0136BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0136

Registered No.

1. NAME OF DECEASED Type or Print) <b>TURNER DYSON</b>		2. DATE OF DEATH <b>January 4, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>5 N. Carlton Street</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>Colored</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>April 15, 1924</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		12. AGE (in years last birthday) <b>27</b>	
13. FATHER'S NAME <b>Turner Dyson</b>		14. BIRTHPLACE (State or foreign country) <b>Balta Md.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No.</b>		16. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>Iola Peter</b>	
19. INFORMANT <b>Turner Dyson Sr.</b>		ADDRESS <b>1707 Cario St.</b>	
18. <b>E982 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Multiple lacerations of head, neck, back and chest with air embolus</b> CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
24. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>apartment</b>	
26. WHERE DID INJURY OCCUR? <b>771 W. Lexington Street, 2nd floor</b>		27. HOW DID INJURY OCCUR? <b>Sharp Instrument</b>	
28. TIME (Month) (Day) (Year) (Hour) <b>1/1/52 4:30 A. m.</b>		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
30. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .			
31. SIGNATURE <b>William V. Williams</b>		32. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> M.D. <b>1/5/52</b>	
33. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		34. DATE <b>1-8-1952</b>	
35. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cem.</b>		36. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
37. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 7 - 1952</b>		38. REGISTRAR'S SIGNATURE <b>Mr. Kate P. Williams</b>	
39. FUNERAL DIRECTOR <b>Schneider</b>		ADDRESS <b>322 N</b>	





500  
0137BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0137

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALTER H. SNOW

2. DATE  
OF

DEATH January 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Franklin Square Hospital

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

6. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

July 3, 1894

9. AGE (In years  
last birthday)

57

10. Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR  
INDUSTRY

Sew

13. FATHER'S NAME

Rufus Snow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Mary Price

17. INFORMANT

Nellie D. Snow

ADDRESS

Mount 107 N  
St.

18. 4 yr. 1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular

DUE TO Heart Disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher M.D.

23B. CHIEF MEDICAL EXAMINER.....☒  
ASSISTANT MEDICAL EXAMINER.....☐  
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Jan. 4, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

F. FUNERAL DIRECTOR

ADDRESS

JAN 7 - 1952

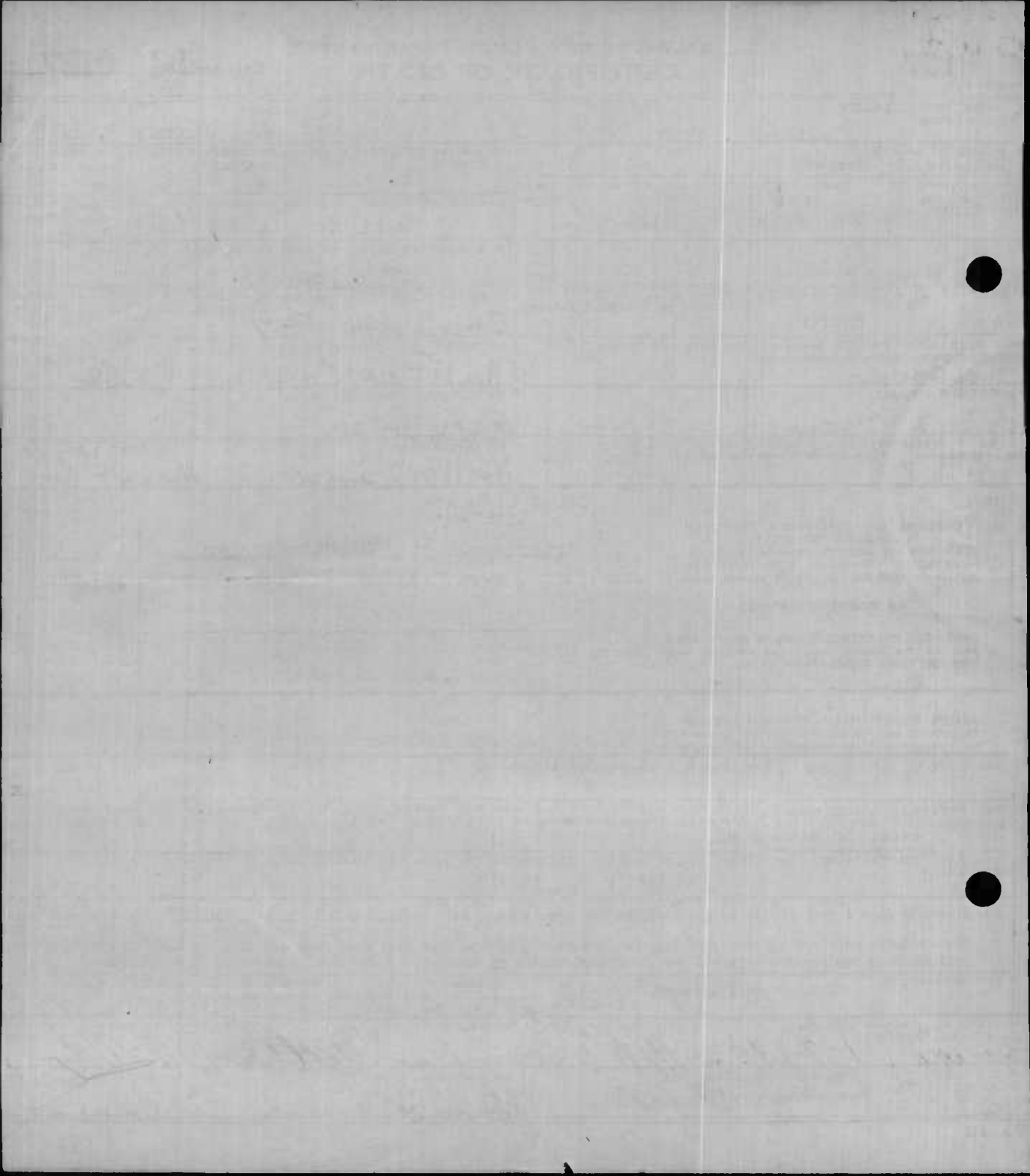
Funeral Home, Baltimore, Md.

Mt. Calvary Cem. Cedar Hill Md.  
322 N  
Md. Rte. 3 R. Williams Schroeder St.

VS 151

97099

920



200  
0138BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0138

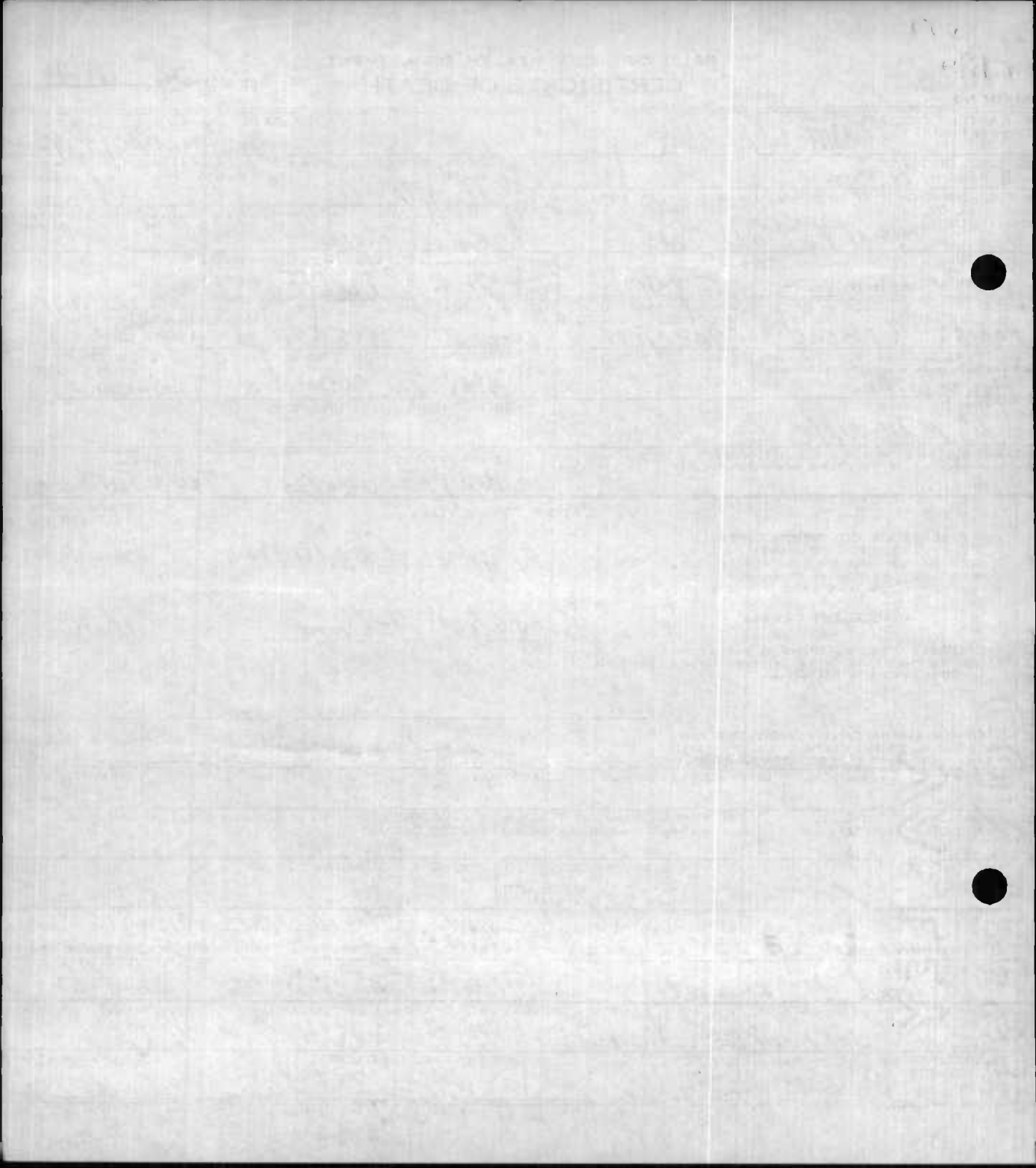
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MATILDA McCoy</b>			2. DATE OF DEATH <b>JANUARY 4, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>746 N. FULTON AVE</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
6. Length of stay in Baltimore <b>5 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>746 N. FULTON AVE</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>August 31, 1895</b>	9. AGE (In years last birthday) <b>56 yrs</b>	10. Under 1 Year Months: Days: <b>4 3</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (State or foreign country) <b>MAXTON, N.C.</b>		
13. FATHER'S NAME <b>ROY McNAIR</b>			12. CITIZEN OF WHAT COUNTRY? <b>America</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>MARY HADGRAVES</b>			ADDRESS <b>746 N. FULTON AVE</b>		

18. <b>241X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CORONARY OCCLUSION</b> DUE TO <b>BRONCHO-ASTHMA</b> DUE TO <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>	CAUSE OF DEATH (A) <b>Coronary Occlusion</b> (B) <b>Broncho-Asthma</b> (C) _____	INTERVAL BETWEEN ONSET AND DEATH <b>Several hrs.</b> <b>Unknown</b>
--	---	---

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>INJURY</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>December 2, 1951</b> , to <b>JANUARY 4, 1952</b> , that I last saw the deceased alive on <b>JANUARY 3, 1952</b> , and that death occurred at <b>4:20 A. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Richard H. Hunt</b>		23B. ADDRESS <b>1631 W. FRANKLIN ST.</b>		23C. DATE SIGNED <b>1-5-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Shipped</b>		24B. DATE <b>1-7-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Maxton N.C.</b>	
24D. LOCATION (City, town, or county) (State) <b>Maxton N.C.</b>		24E. FUNERAL DIRECTOR <b>Mrs. Kate R. Williams</b>		ADDRESS <b>322 N. Schroeder St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 7 - 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Williams</b>		VS 150	

94a



452  
0139

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0139

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Jeff Williams</b>		2. DATE OF DEATH <b>Jan. 2, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2004 Presbury St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b> D. STREET ADDRESS (If rural, give location) <b>2004 Presbury St.</b>	
6. LENGTH OF stay in Baltimore		8. DATE OF BIRTH <b>AUG. 21, 1893</b>	
7. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	9. AGE (In years, last birthday) <b>58</b>	10. Under 1 Year Months: Days
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Taspen Fla.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Jeff Williams Sr.</b>		14. MOTHER'S MAIDEN NAME <b>Carrie ?</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Thomas Williams - Presbury St.</b>		ADDRESS <b>2004</b>	
18. <b>443 X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive Cardiovascular Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>? yrs.</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>aortic Insufficiency</b>		<b>? yrs.</b>	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>1.25</b> , 19 <b>49</b> to <b>1.2</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1.2</b> , 19 <b>52</b> , and that death occurred at <b>11:55</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>James M. Fair</b>		23B. ADDRESS <b>400 N. Carrollton Ave</b>	
23C. DATE SIGNED <b>1.5.52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>1-7-1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>W.H. Calvary Cem</b>		24D. LOCATION (City, town, or county) (State) <b>Cedar Hill Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 7 - 1952</b>		REGISTRAR'S SIGNATURE <b>Thomas Williams</b>	
25. FUNERAL DIRECTOR <b>Mr. Katie B. Williams</b>		ADDRESS <b>322 N. Schroeder St.</b>	

RECEIVED IN THE OFFICE OF THE  
DEPARTMENT OF THE ARMY

11



526		Certificate corrected 1-11-52		52 0140		Registered No.	
52 0140		BALTIMORE CITY HEALTH DEPARTMENT				52 0140	
		CERTIFICATE OF DEATH					
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)		FRANKLIN L. BAUMGART				2. DATE OF DEATH 1/4/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD				B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY Hosp		6. CITY OR TOWN BALTIMORE				7. STATE 13-08	
8. STREET ADDRESS (If rural, give location) 442-12-14 UNION AVE		9. DATE OF BIRTH 6/15/1996				10. AGE (In years last birthday) 55	
11. BIRTH PLACE (State or foreign country) TOWNE, HARTFORD Co., MD		12. CITIZEN OF WHAT COUNTRY? U.S.				13. MOTHER'S MAIDEN NAME ALICE M. JOHNSON	
14. FATHER'S NAME WM. HENRY BAUMGART		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES				16. SOCIAL SECURITY NO. 218-07-6510	
17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CONGESTIVE CARDIAC FAILURE		18. CAUSE OF DEATH (A) CONGESTIVE CARDIAC FAILURE DUE TO (B) POSSIBLE CORONARY THROMBOSIS & MYOCARDIAL INFARCTION DUE TO (C)				19. INTERVAL BETWEEN ONSET AND DEATH	
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				22. DATE OF OPERATION	
23. DATE OF OPERATION		24. MAJOR FINDINGS OF OPERATION				25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
26. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
29. TIME (Month) (Day) (Year) (Hour) Q. INJURY		30. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK				31. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from 19____, to 19____, that I last saw the deceased alive on 1/4/52, 19____, and that death occurred at 9:30 p.m., from the causes and on the date stated above.		33. SIGNATURE Robert J. Mosser				34. ADDRESS University Hospital	
35. SIGNATURE H. K. McConas & Sons		36. ADDRESS Abingdon, Md.				37. DATE SIGNED 7-4-52	
38. BURIAL, CREMATION, REMOVAL (Specify) burial		39. DATE 1-7-52				40. NAME OF CEMETERY OR CREMATORY St. Stephen's	
41. LOCATION (City, town, or county) Bradshaw, Md.		42. DATE RECEIVED BY LOCAL REGISTRAR JAN 7 - 1952				43. REGISTRAR'S SIGNATURE H. K. McConas & Sons	
44. VS 150		45. FUNERAL DIRECTOR H. K. McConas & Sons				46. ADDRESS Abingdon, Md.	

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02 0141  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0141

1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
GEORGE HENDRICKS			1/5/52		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)			A. STATE		
526 N. HIGHLAND AVE			MD		
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			B. COUNTY		
BALTIMORE			26-10		
D. STREET ADDRESS (If rural, give location)			526 N. HIGHLAND AVE		
Length of stay in Baltimore			8. DATE OF BIRTH		
Yrs. Mos. Days			SEPT. 1-1884		
5. SEX			9. AGE (In years last birthday)		
MALE			67		
6. COLOR OR RACE			10. BIRTHPLACE (State or foreign country)		
WHITE			BALTIMORE MD		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			12. CITIZEN OF WHAT COUNTRY?		
MARRIED					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country)		
PIPE FITTER - RETIRED STANDARD OIL			BALTIMORE MD		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
1. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
WILLIAM HENDRICKS			AUGUSTA. GRAGE		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
1. MOTHER'S NAME			17. INFORMANT		
MINNIE HENDRICKS			526 N. HIGHLAND AVE		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			INTERVAL BETWEEN ONSET AND DEATH		
(A) DUE TO			30 min.		
ANTECEDENT CAUSES			?		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(B) DUE TO					
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. HOW DID INJURY OCCUR?		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan. 5, 1952, to Jan. 5, 1952, that I last saw the deceased alive on Jan. 5, 1952, and that death occurred at 1:44 a. m., from the causes and on the date stated above.			23A. SIGNATURE		
L. C. Doherty M.D.			23B. ADDRESS		
447 W. Kenwood Ave.			23C. DATE SIGNED		
1/5/52					
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE		
BURIAL			1/8/52		
24C. NAME OF CEMETERY OR CREMATORY			24D. LOCATION (City, town, or county) (State)		
OAK LAWN			BALTIMORE MD		
25. FUNERAL DIRECTOR			ADDRESS		
Clarence J. Hoffmann			1639 BROADWAY		

RECEIVED BY THE STATE

DEPARTMENT OF HEALTH

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30  
02 0142BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0142  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ALFRED P. HART		Jan: 6:1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1118 S. Carey Street		C. CITY OR TOWN Baltimore City	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1118 South Carey Street	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Apr:25:1882
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Builder		12. AGE (In years, last birthday) 69	
13. FATHER'S NAME Alfred P. Hart		14. BIRTHPLACE (State or foreign country) Baltimore Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No.		16. CITIZEN OF WHAT COUNTRY? USA	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Mollie Seitz	
19. ADDRESS Anna Hart..1118 South Carey St.		20. INFORMANT	
21. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Cerebral Hemorrhage Sudden ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerotic Hypertensive Disease DUE TO Cardio Vascular Disease (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
22. DATE OF OPERATION 0		23. MAJOR FINDINGS OF OPERATION	
24. DATE OF OPERATION 0		25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 27. TIME (Month) (Day) (Year) (Hour) (Minute) 0		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		31. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from 5-21-1946 to 1-6-1952 that I last saw the deceased alive on 12-31-1957, and that death occurred at 4 A. m., from the causes and on the date stated above.			
33. SIGNATURE John P. Unbeck, Jr.		34. ADDRESS 1227 Wash. Blvd	
35. DATE SIGNED 1-7-52		36. DATE SIGNED	
37. BURIAL, CREMATION, REMOVAL (Specify) Burial		38. DATE Jan:9:1952	
39. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEMETERY		40. LOCATION (City, town, or county) (State) BALTIMORE MARYLAND	
41. DATE RECEIVED BY LOCAL REGISTRAR JAN 7 - 1952		42. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
43. FUNERAL DIRECTOR F.B. WIPPERT & SON		44. ADDRESS 1300 Eutaw Pl. 17	

Jan: 6:10:52

Mar: 1:10

Apr: 1:10

May: 1:10

Jun: 1:10

Jul: 1:10

Aug: 1:10

Sep: 1:10

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0143BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0143

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Gavin, Victor John		January 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR NURSING HOME (If not in hospital or institution, give street address or location)		A. STATE Maryland	
St. Joseph's		B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)		Baltimore	
D. STREET ADDRESS (If rural, give location)		2219 Kentucky Ave.	
E. Length of stay in Baltimore		8. DATE OF BIRTH	
Yrs. Mos. Days		April 20, 1904	
5. SEX		9. AGE (In years last birthday)	
M.		47	
6. COLOR OR RACE		10. BIRTHPLACE (State or foreign country)	
W.		Baltimore	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		11. BIRTHPLACE (State or foreign country)	
Widowed		Baltimore	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?	
Salesman			
10B. KIND OF BUSINESS OR INDUSTRY		14. MOTHER'S MAIDEN NAME	
Real estate		Mary O'Toole	
13. FATHER'S NAME		17. INFORMANT	
Timonthy Gavin		Elizabeth Ann Gavin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		ADDRESS	
		Ave	
16. SOCIAL SECURITY NO.		2219 Kentucky	
18. 581.0		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cirrhosis of liver	
ANTECEDENT CAUSES		DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
		(C)	
II		INTERVAL BETWEEN ONSET AND DEATH	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Pulmonary edema due to Uremia	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from December 26, 1951 to January 5, 1952, that I last saw the deceased alive on Jan. 5, 1952, and that death occurred at 6:45 a.m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
St. Hana Up Row		1100 N. Caroline St.	
23C. DATE SIGNED		Jan. 5, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		1/8/52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
New Cathedral Cem.		Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
JAN 7 - 1952		John A. Morgan	
VS 150		25. FUNERAL DIRECTOR	
		John A. Morgan 3000 E. Balto. St.	

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H. Lewis

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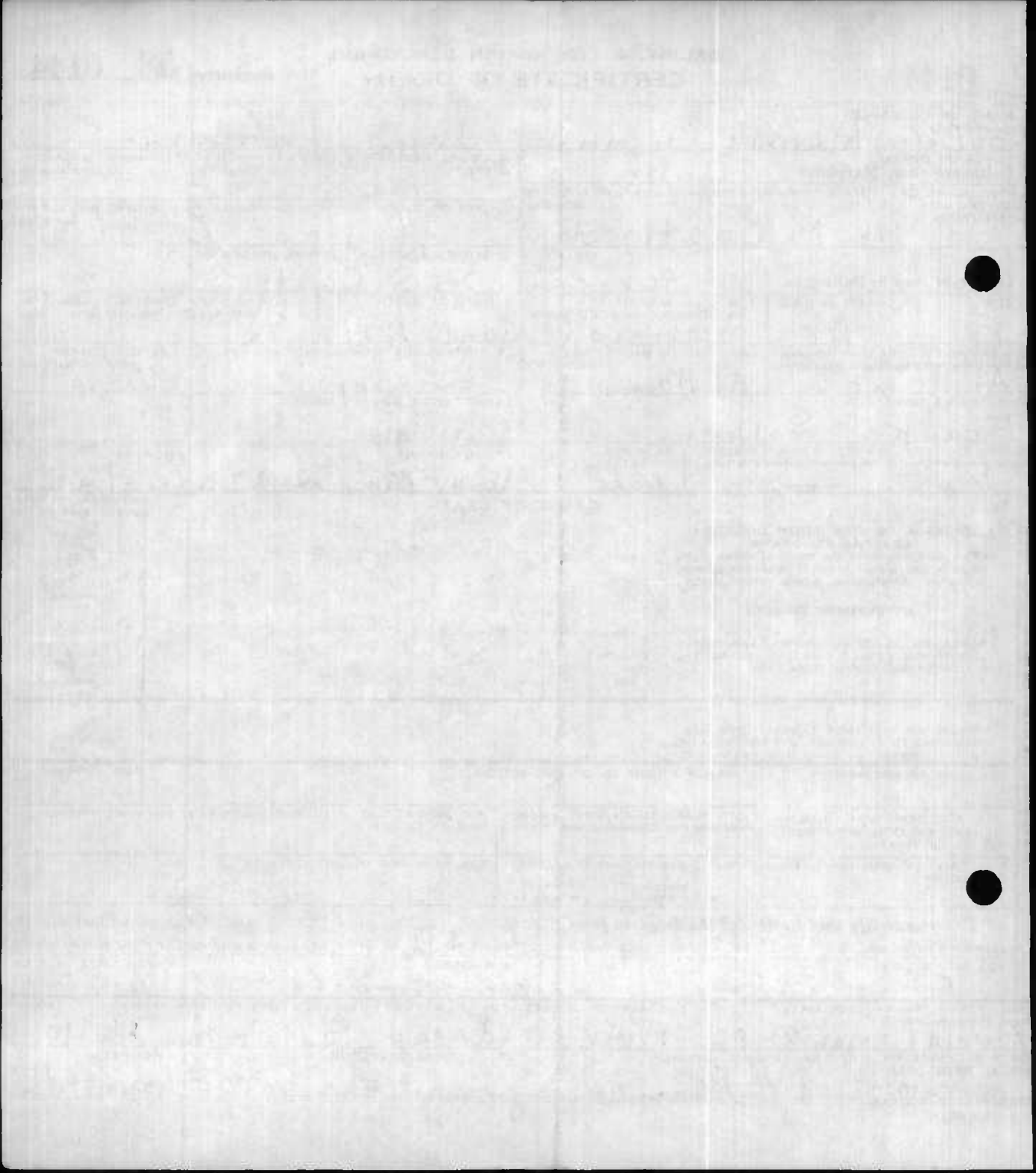
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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0144

1. NAME OF DECEASED (Type or Print) <u>House (or) Aloisia Wimmer Schraml</u>				2. DATE OF DEATH <u>Jan 5 - 52</u>	
3. PLACE OF DEATH <u>Baltimore City, Maryland Balto</u>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY _____	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>116 S. Castle St.</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto. 2-01</u>	
6. HOSPITAL OR INSTITUTION <u>116 S. Castle St.</u>				D. STREET ADDRESS (If rural, give location) <u>27 S. Castle St</u>	
7. Length of stay in Baltimore <u>50 yrs</u>					
8. SEX <u>F.</u>	9. COLOR OR RACE <u>W.</u>	10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	11. DATE OF BIRTH <u>Jan 14 1879</u>	12. AGE (In years last birthday) <u>72</u>	13. If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>			15. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		
16. FATHER'S NAME <u>Frank Selner</u>			17. MOTHER'S MAIDEN NAME <u>Mary M. ?</u>		
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>			19. SOCIAL SECURITY NO. <u>None</u>		
20. INFORMANT <u>John F Wimmer</u>			21. ADDRESS <u>27 S. Castle St</u>		
18. CAUSE OF DEATH					
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage</u> DUE TO INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u>					
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Arterial Hypertension</u> DUE TO (B) _____ DUE TO (C) _____					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 22</u> 19 <u>51</u> , to <u>Jan 5</u> 19 <u>52</u> , that I last saw the deceased alive on <u>Jan 4</u> 19 <u>52</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Dr. S. Lippert</u>		23B. ADDRESS <u>476 S. Patterson St</u>		23C. DATE SIGNED <u>1/5/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Jan 8 - 52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto.</u>		24E. FUNERAL DIRECTOR <u>Duggel Bros.</u>		24F. ADDRESS <u>1800 E. Lombard St</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 7 - 1952</u>		REGISTRAR'S SIGNATURE <u>William H. Williams</u>			



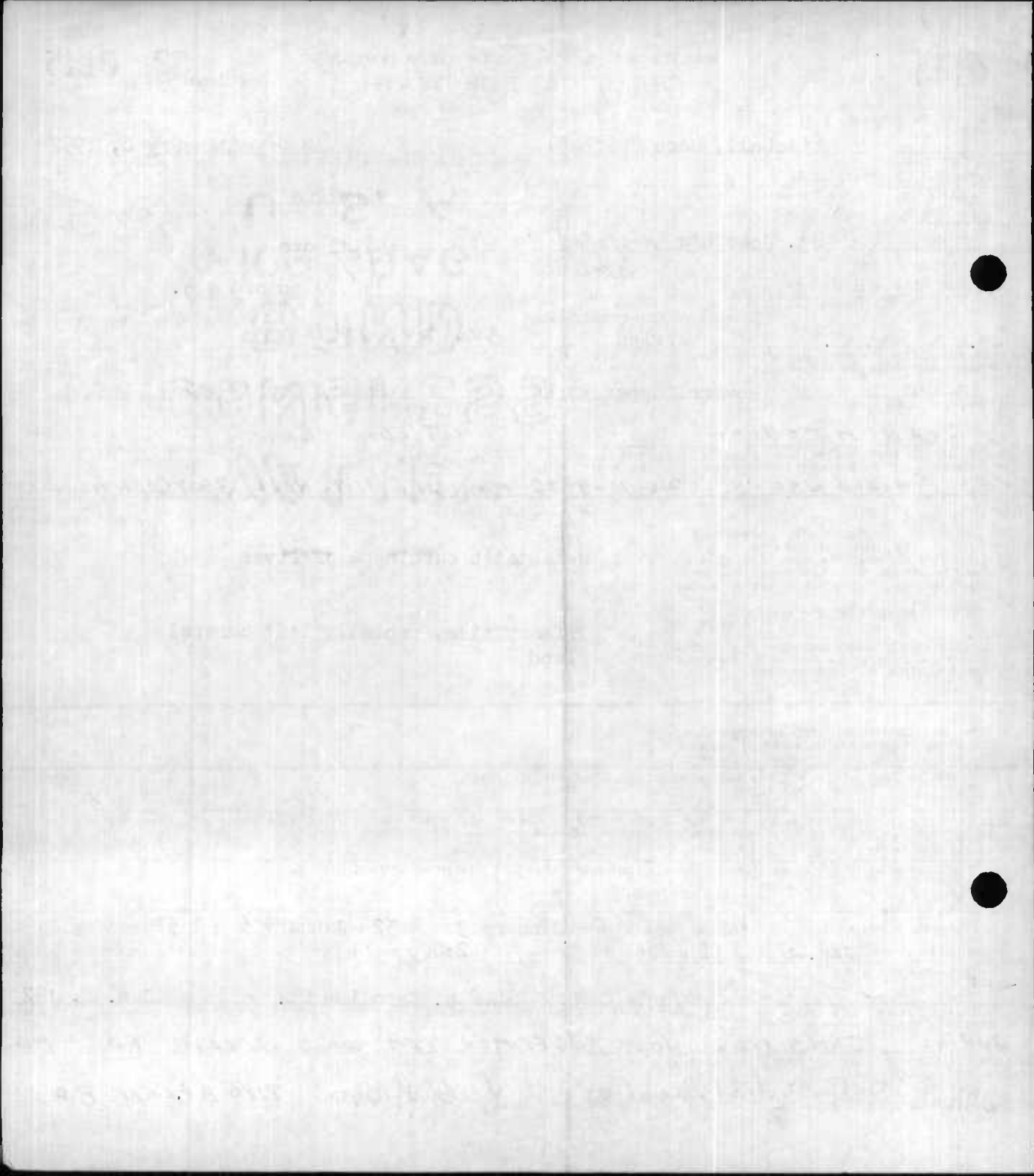
324  
0145BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0145

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Mitchell, Jacob Michael</b>			2. DATE OF DEATH <b>January 6, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore <b>55YRS</b>			D. STREET ADDRESS (If rural, give location) <b>3908 Glenmore Ave.</b>		
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>AUG 29 1886</b>	9. AGE (In years last birthday) <b>65</b>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>packer</b>			11. BIRTHPLACE (State or foreign country) <b>Howard County MD.</b>		
10B. KIND OF BUSINESS OR INDUSTRY <b>Revere Copper Works</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>JOHN MITCHELL</b>			14. MOTHER'S MAIDEN NAME <b>MATILDA CLARK.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>YES</b>			16. SOCIAL SECURITY NO. <b>246-10-9980</b>		
17. INFORMANT <b>MARIANE MITCHELL</b>			ADDRESS <b>3908 GLENMORE AVE</b>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>195X</b>			CAUSE OF DEATH (A) <b>Metastatic carcinoma of liver</b> DUE TO (B) <b>Primary site, probably left adrenal gland</b> DUE TO (C)		
19. DATE OF OPERATION <b>2</b>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>January 3, 1952</b> to <b>January 6, 1952</b> that I last saw the deceased alive on <b>Jan. 6, 1952</b> and that death occurred at <b>2:00p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>[Signature]</b>			23B. ADDRESS <b>1100 N. Caroline St.</b>		
23C. DATE SIGNED <b>Jan. 6, 1952</b>					
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>			24B. DATE <b>JAN 9 1952</b>		
24C. NAME OF CEMETERY OR CREMATORY <b>HOLY REDEEMER CEM</b>			24D. LOCATION (City, town, or county) (State) <b>4430 BELAIR RD MD.</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 1 - 1952</b>			REGISTRAR'S SIGNATURE <b>[Signature]</b>		
25. FUNERAL DIRECTOR <b>Deffel Bros.</b>			ADDRESS <b>7110 BELAIR RD.</b>		

MEDICAL CERTIFICATE

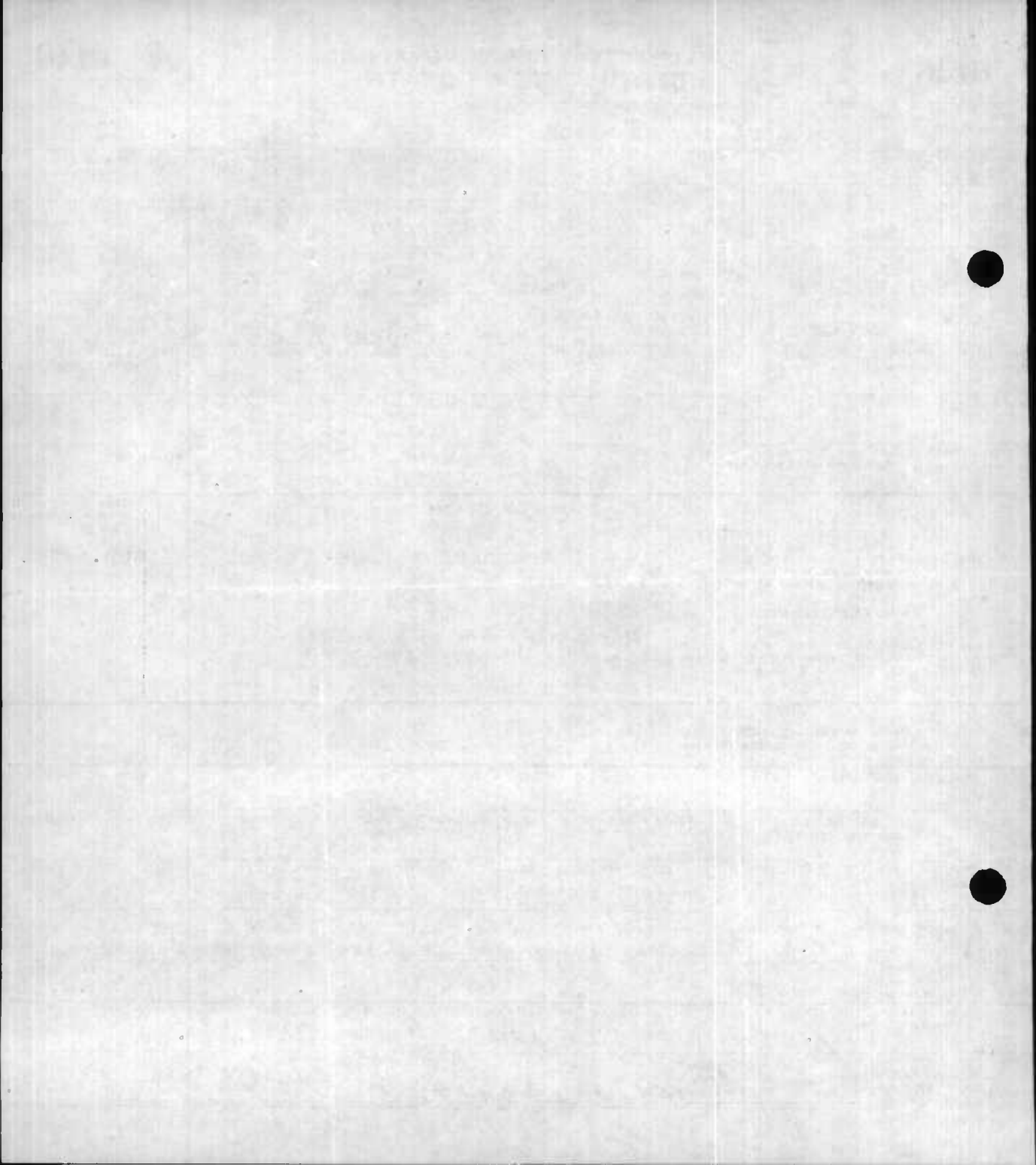


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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0146

1. NAME OF DECEASED (Type or Print) Catherine Ruby McCarty		2. DATE OF DEATH Jan. 5/52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 105 S. Fulton Ave.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore 45 yrs Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) 105 S. Fulton Ave.	
9. SEX female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	12. DATE OF BIRTH Aug. 24, 1883
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		14. AGE (In years last birthday) 68	
15. FATHER'S NAME Davis		16. BIRTHPLACE (State or foreign country) Va	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. CITIZEN OF WHAT COUNTRY?	
19. SOCIAL SECURITY NO.		20. MOTHER'S MAIDEN NAME Unknown	
21. INFORMANT Mrs. Lillian Underwood, 1115 Wood		22. ADDRESS	
23. CAUSE OF DEATH Heights Ave. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Lung. DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH App. 6 mo.			
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
26. DATE OF OPERATION		27. MAJOR FINDINGS OF OPERATION	
28. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
29. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
32. TIME (Month) (Day) (Year) (Hour) m. p. m.		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. HOW DID INJURY OCCUR?			
35. I hereby certify that I attended the deceased from Oct. 1, 1951 to Jan 5, 1952 that I last saw the deceased alive on Jan. 4, 1952 and that death occurred at m., from the causes and on the date stated above.			
36. SIGNATURE A. Kermisch		37. ADDRESS 1934 Wilkens Av.	
38. DATE Jan. 8/52		39. DATE SIGNED Jan. 7, 51	
40. NAME OF CEMETERY OR CREMATORY Lorraine Park		41. LOCATION (City, town, or county) Woodlawn, Md.	
42. DATE RECEIVED BY LOCAL REGISTRAR JAN 7 - 1952		43. REGISTRAR'S SIGNATURE	
44. FUNERAL DIRECTOR		45. ADDRESS 4101 Edmondson Ave.	





**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 0147  
Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Charles G. Mitchell

2. DATE  
OF  
DEATH

Jan. 4/52

PLACE OF DEATH:  
Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
OSPITAL OR Crawford Nursing Home  
INSTITUTION 2117 Dennison St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md.  
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)  
1830 W. Lombard St.

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX  
Male

6. COLOR OR RACE  
White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widower

8. DATE OF BIRTH  
March 1868

9. AGE (in years last birthday)  
83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Capt.

10b. KIND OF BUSINESS OR INDUSTRY  
Md. Training

11. BIRTHPLACE (State or foreign country)  
Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

School

14. MOTHER'S MAIDEN NAME  
Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS  
Angus R. Gross, 18 Somerset Rd. Cat.

18. 422-1

**CAUSE OF DEATH**

INTERVAL BETWEEN  
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia  
DUE TO Pneumococcus

1 wk.

**ANTECEDENT CAUSES**

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic C-V Disease  
DUE TO Generalized Arteriosclerosis

Unknown  
Unknown

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

congestive Heart Failure

Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒

21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1952, to Jan. 4, 1952 that I last saw the deceased alive on Jan. 4, 1952, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE

K. Kulevich

M. D.

23b. ADDRESS

244 N. Wilton St.

23c. DATE SIGNED

1/7/52.

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

Jan. 8/52

24c. NAME OF CEMETERY OR CREMATORY

Western, Edmondson Ave. & Longwood Sts. Balto.

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

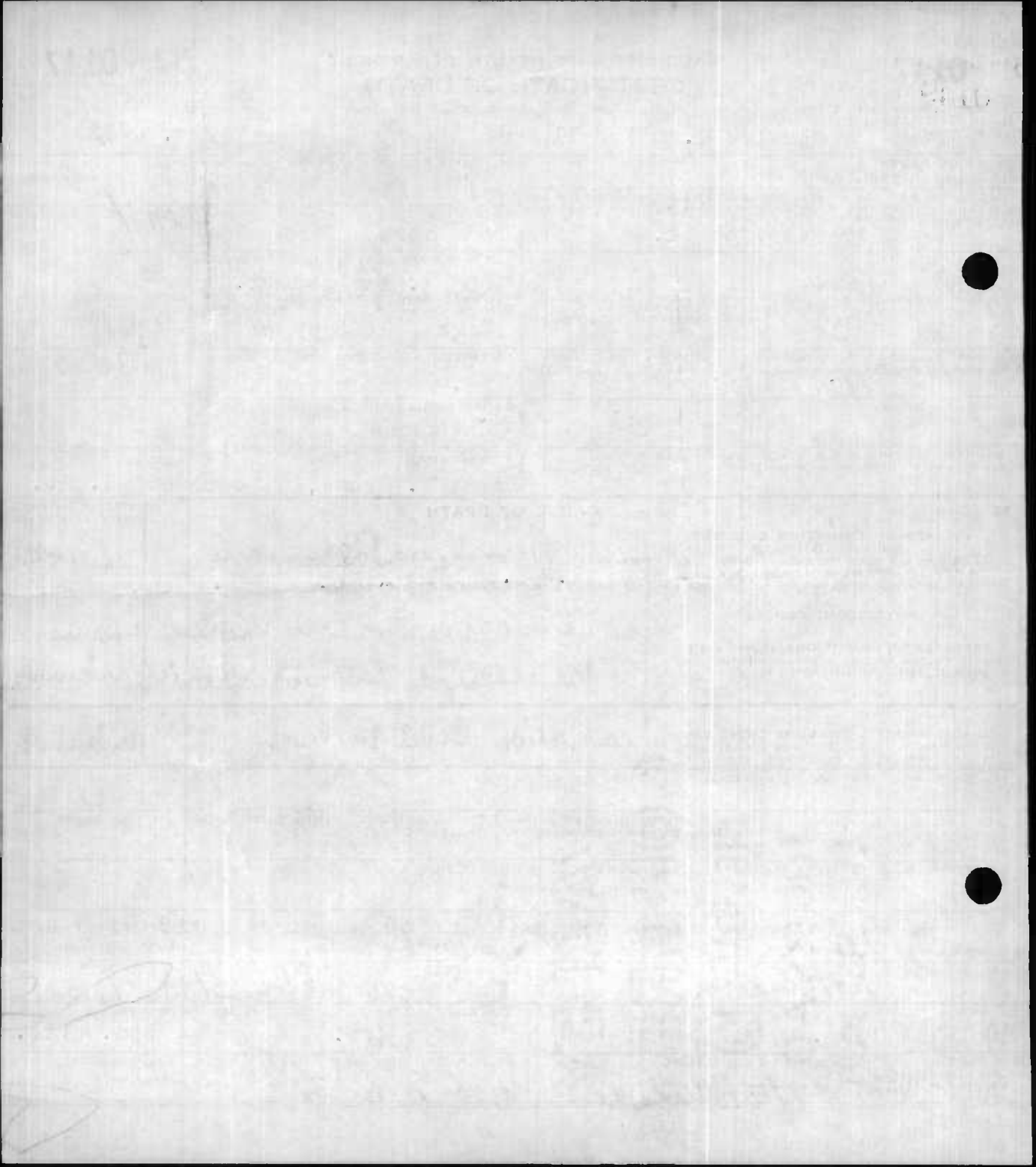
William H. Williams

25. FUNERAL DIRECTOR

Harry H. Gutzke

ADDRESS

4101 Edmondson Ave



636

0148

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0148

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George J. Schrauder</i>			2. DATE OF DEATH <i>Jan 6<sup>th</sup> 1952</i>		
3. PLACE OF DEATH: Baltimore City, Maryland <i>1802 N. Chester St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>8-05</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
6. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>1802 N. Chester St.</i>		
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	10. DATE OF BIRTH <i>Aug 24<sup>th</sup> 1887</i>		11. AGE (In years last birthday) <i>64</i>
12. OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Metall Worker Wm Seller Co</i>			13. KIND OF BUSINESS OR INDUSTRY		14. CITIZEN OF WHAT COUNTRY?
15. FATHER'S NAME <i>John S. Schrauder</i>			16. MOTHER'S MAIDEN NAME <i>—</i>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			18. SOCIAL SECURITY NO.		
19. ADDRESS			20. ADDRESS		

18. <i>420.1</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Coronary Thrombosis</i>		<i>1 day</i>	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Hypertension AS Cardiovascular</i>			
		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-1</i> , 1952, to <i>1-6</i> , 1952, that I last saw the deceased alive on <i>1-6</i> , 1952, and that death occurred at <i>10:20</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>A. Weiss</i>		23B. ADDRESS M. D. <i>1937 E. North Ave</i>		23C. DATE SIGNED <i>1-7-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan 10<sup>th</sup></i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart</i>	
24D. LOCATION (City, town, or county) (State)		24E. NAME OF CEMETERY OR CREMATORY <i>German Hill Rd.</i>		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 7 - 1952</i>		REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>		25. FUNERAL DIRECTOR <i>Ed. S. Lock</i>	
				ADDRESS <i>1401-03 N. Patterson Park Ave</i>	

Mr Weiss 1927 E North Ave

000  
0149BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0149

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary M Shea</i>		2. DATE OF DEATH <i>Jan 5<sup>th</sup> 1952</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>1300 N. Rose St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Balto</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>—</i>		6. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Balto</i>	
7. Length of stay in Baltimore <i>Life</i>		8. STREET ADDRESS (If rural, give location) <i>1300 N. Rose St</i>	
9. SEX <i>Female</i>	10. COLOR OR RACE <i>White</i>	11. DATE OF BIRTH <i>April 13<sup>th</sup> 1886</i>	12. AGE (in years last birthday) <i>66</i>
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Seamstress</i>		16. 11) BIRTHPLACE (State or foreign country) <i>MD</i>	
17. FATHER'S NAME <i>George Hall</i>		18. 12. CITIZEN OF WHAT COUNTRY? <i>MD</i>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		20. 14. MOTHER'S MAIDEN NAME <i>Elizabeth Orem</i>	
21. SOCIAL SECURITY NO. <i>—</i>		22. 17. INFORMANT ADDRESS <i>M. Shea 1300 N. Rose St</i>	
23. 18. <i>171X</i> CAUSE OF DEATH			
24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>carcinoma of cervix</i>			
25. ANTECEDENT CAUSES (B) DUE TO			
26. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO			
27. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
28. 19A. DATE OF OPERATION <i>1</i>		29. 19B. MAJOR FINDINGS OF OPERATION	
30. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		31. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
32. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		33. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
34. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		35. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
36. 21F. HOW DID INJURY OCCUR?		37. 22. I hereby certify that I attended the deceased from <i>Jan 1<sup>st</sup></i> , 1951, to <i>Jan 5<sup>th</sup></i> , 1952 that I last saw the deceased alive on <i>Jan 4<sup>th</sup></i> , 1952 and that death occurred at <i>2:00 p. m.</i> , from the causes and on the date stated above.	
38. 23A. SIGNATURE <i>E. Ellsworth</i>		39. 23B. ADDRESS <i>2431 Maryland Avenue</i>	
40. 23C. DATE SIGNED <i>1-7-52</i>		41. 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
42. 24B. DATE <i>Jan 8<sup>th</sup> 1952</i>		43. 24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
44. 24D. LOCATION (City, town, or county) (State) <i>Belair Rd</i>		45. 25. FUNERAL DIRECTOR ADDRESS <i>Ed. S. Bohrer 1032 Patterson Park Ave</i>	
46. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 7 - 1952</i>		47. REGISTRAR'S SIGNATURE <i>Therese J. Williams</i>	

W.R.E. Luch 2451nd Ave 1130 To 1



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 0150

1. NAME OF DECEASED (Type or Print) <b>Henry G Brocksmitth or( Brockschmidt)</b>			2. DATE OF DEATH <b>Jan 6- 1952.</b>		
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>4211 Parkmont Ave</b>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
7. Length of stay in Baltimore <b>Life</b>			8. STREET ADDRESS (if rural, give location) <b>4211 Parkmont Ave.</b>		
9. SEX <b>Male</b>	10. COLOR OR RACE <b>White</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	12. DATE OF BIRTH <b>Feb 17-1893</b>		13. AGE (In years last birthday) <b>58.</b>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanical Foreman</b>			15. KIND OF BUSINESS OR INDUSTRY <b>Bethlehem St Sparrows Point</b>		16. BIRTHPLACE (State or foreign country) <b>Balto City</b>
17. FATHER'S NAME <b>Henry Brocksmitth</b>			18. MOTHER'S MAIDEN NAME <b>Catherine Lurtz.</b>		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes World War I.</b>			20. SOCIAL SECURITY NO. <b>213-07-0508</b>		
21. INFORMANT <b>Mrs Henry Brocksmitth 4211 Parkmont Ave.</b>			22. ADDRESS		

23. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cannary Throat</b>		24. INTERVAL BETWEEN ONSET AND DEATH <b>Jan 4/52</b>
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <b>Due to</b> (B) <b>Due to</b> (C) <b>Due to</b>		
26. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

27. DATE OF OPERATION		28. MAJOR FINDINGS OF OPERATION		29. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
33. TIME (Month) (Day) (Year) (Hour) OF INJURY		34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		35. HOW DID INJURY OCCUR?	
36. I hereby certify that I attended the deceased from <b>Jan 4</b> , 1952, to <b>Jan 6</b> , 1952, that I last saw the deceased alive on <b>Jan 5</b> , 1952, and that death occurred at <b>12:09</b> p.m., from the causes and on the date stated above.					
37. SIGNATURE <b>W. D. [Signature]</b>		38. ADDRESS <b>817 Melrose Ave</b>		39. DATE SIGNED <b>Jan 7/52</b>	
40. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		41. DATE <b>1-9-1952</b>		42. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cemetery.</b>	
				43. LOCATION (City, town, or county) (State) <b>Balto Md.</b>	

44. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 7 - 1952</b>		45. REGISTRAR'S SIGNATURE <b>[Signature]</b>		46. FUNERAL DIRECTOR <b>L. [Signature]</b>	
				47. ADDRESS <b>7401 Balair Rd.</b>	

**523 30**

**94a**



Dr Darby,  
Med Arts Bldg

462

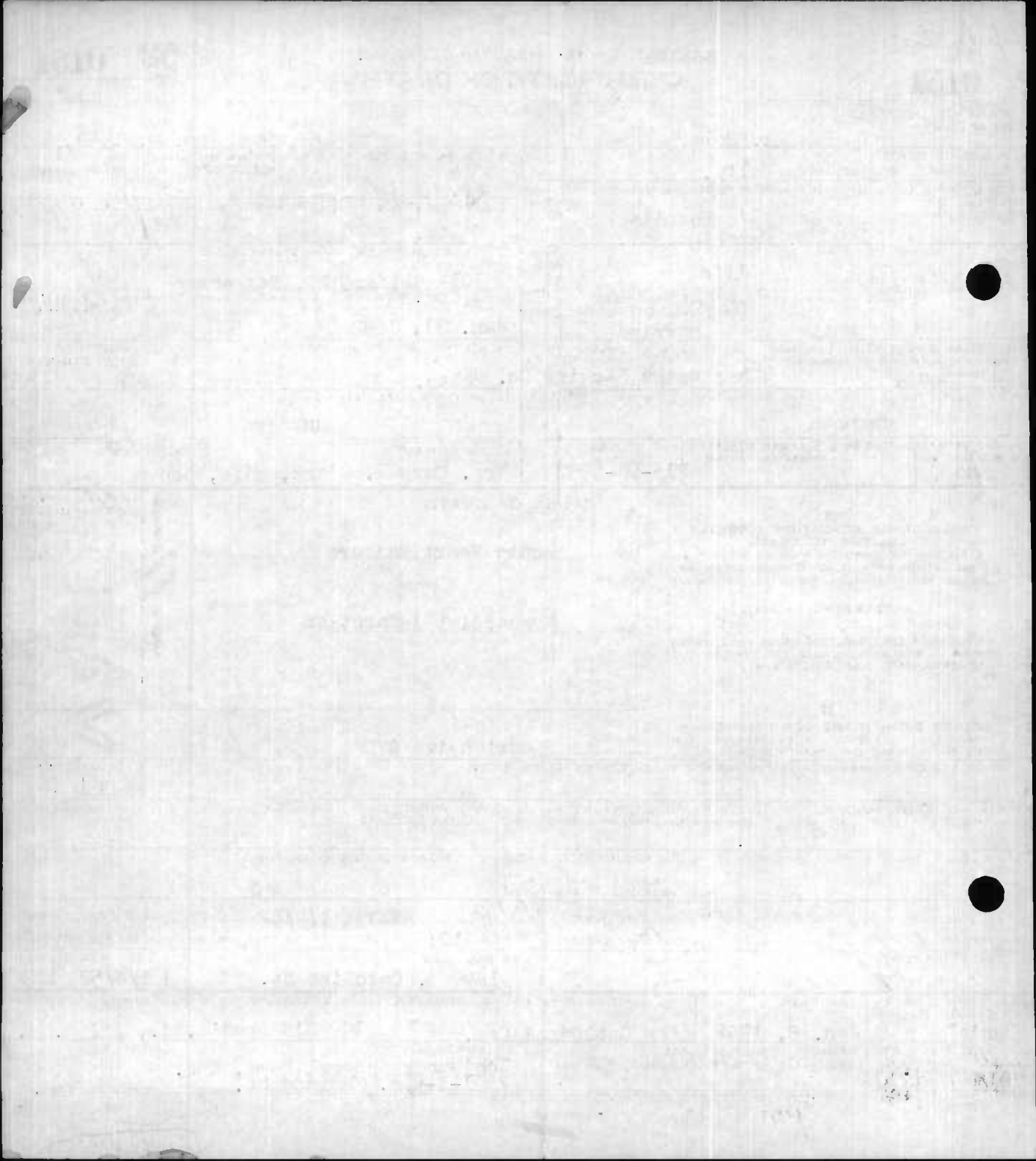
0151

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0151

1. NAME OF DECEASED (Type or Print) <u>CLARK, Mr. Robert James</u>			2. DATE OF DEATH <u>Jan. 4, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto.</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>8-01</u>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> <u>1400 N. Caroline St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u>		
6. Length of stay in Baltimore <u>life</u>			D. STREET ADDRESS (If rural, give location) <u>3034 Clifton Pk. Terrace</u>		
7. SEX <u>Male</u>	8. COLOR OR RACE <u>White</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	10. DATE OF BIRTH <u>Jan. 31, 1882</u>		11. AGE (In years last birthday) <u>69</u>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			13. KIND OF BUSINESS OR INDUSTRY <u>Chesapeake Packing Co. Balto.</u>		14. CITIZEN OF WHAT COUNTRY? <u>USA</u>
15. FATHER'S NAME <u>unknown</u>			16. MOTHER'S MAIDEN NAME <u>unknown</u>		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>			18. SOCIAL SECURITY NO. <u>215-03-8990</u>		19. INFORMANT ADDRESS <u>Mrs. Mary R. Clark, wife, above</u>

18. <u>42011</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Acute Heart Failure</u> DUE TO <u>Myocardial Infarction</u> DUE TO <u>Hypertensive CVD</u>			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
20A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/4/52</u> , <del>1952</del> <u>1/4/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1/4/52</u> , 19 <u>52</u> , and that death occurred at <u>10:30 PM</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>1400 N. Caroline St.</u>		23C. DATE SIGNED <u>1/4/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Jan. 8, 1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral Cem.</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>		24E. FUNERAL DIRECTOR <u>Schimunek Funeral Home, Inc.</u>		24F. ADDRESS <u>2601 13-5 E. O. Madison St.</u>	



520  
0152BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0152

1. NAME OF DECEASED (Type or Print) <b>Harvey Clifton Shank</b>		2. DATE OF DEATH <b>1-5-52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>7-02</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
7. STREET ADDRESS (If rural, give location) <b>800 N. Port St</b>		8. DATE OF BIRTH <b>3-28-16</b>	
9. SEX <b>male</b>		10. AGE (In years last birthday) <b>35</b>	
11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>unknown</b>		14. MOTHER'S MAIDEN NAME <b>unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>212-01-5198</b>	
17. INFORMANT <b>Mrs. Hilda Shank</b>		18. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>POOR PHYLIA, Acute, inter-mittant</b>		20. INTERVAL BETWEEN ONSET AND DEATH <b>? 6 years</b>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Occlusion AORTA, site &amp; cause undetermined</b>		22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Unknown At least 9 days</b>	
23. DATE OF OPERATION <b>none</b>		24. MAJOR FINDINGS OF OPERATION	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>No my way</b>	
29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from <b>12-27-1951</b> to <b>1-5-1952</b> that I last saw the deceased alive on <b>1-5-1952</b> and that death occurred at <b>1:15 A.M.</b> , from the causes and on the date stated above.			
32. SIGNATURE <b>Thomas E. Van Meter Jr. M.D.</b>		33. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>	
34. DATE SIGNED <b>5 Jan 52</b>		35. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 7 - 1952</b>	
36. REGISTRAR'S SIGNATURE <b>W. H. Williams</b>		37. FUNERAL DIRECTOR <b>Schimunek Funeral Home, Inc.</b>	
38. ADDRESS <b>2601-3-5 E. Madison St.</b>		39. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
40. DATE <b>Jan. 8, 1952</b>		41. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem.</b>	
42. LOCATION (City, town, or county) (State) <b>4430 Belair Rd., Balto. Md.</b>		43. VS 150	

6216K

92a

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK (100-100000)

SUBJECT: JAMES EARL RAY; AKA; C. I. O. 100-100000

RE: New York letter to Bureau dated 10/10/68.

Enclosed for the Bureau are two copies of a letterhead memorandum (LHM) dated and captioned as above.

The LHM contains information received from a confidential source who has provided reliable information in the past.

The information is being furnished to you for your information and for the information of the Bureau.

Very truly yours,  
Special Agent in Charge

Enclosure

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65  
52 0153BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0153

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

LILLIAN LAPORTE MEHLHORN

2. DATE

OF

DEATH

JANUARY 7, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION  
HOSPITAL FOR THE WOMEN OF MARYLAND

Yrs.

Mos.

Days

5. Length of stay in Baltimore

6. SEX  
FEMALE7. COLOR OR RACE  
WHITE8. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
WIDOWED9. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSEWIFE

10. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. FATHER'S NAME

JAMES W TAYLOR

12. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

13. SOCIAL  
SECURITY NO.

14. DATE OF BIRTH

JUNE 24, 1870

15. AGE (In years  
last birthday)

81

16. Under 1 Year  
Months: Days17. Under 24 Hours  
Hours: Min.

18. BIRTHPLACE (State or foreign country)

HAYES DE GRADE, MD

19. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

20. MOTHER'S MAIDEN NAME

LA PORTE, Emma

21. INFORMANT

ADDRESS

MRS. WALTER L. PIERCE 2332 N. CALVERT

22. 443X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) Acute Encephalomalacia (no gross  
removals)

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH  
1 day

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Hypertensive-arteriosclerotic Cardiovascular  
Disease

DUE TO

- years

(C)

23. OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Congenital aneurysm, Circle of Willis,  
(Ant. Comm. Ar., 1 on each side)

years

24. DATE OF OPERATION

NONE

25. MAJOR FINDINGS OF OPERATION

26. AUTOPSY?

YES ☒ NO ☐27. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH28. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)29. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)30. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

31. INJURY OCCURRED

WHILE AT

WORK

NOT WHILE

AT WORK

32. HOW DID INJURY OCCUR?

33. I hereby certify that I attended the deceased from Jan. 5, 1952, to Jan. 7, 1952, that I last saw the  
deceased alive on Jan. 7, 1952, and that death occurred at 3:40 A.M., from the causes and on the date stated above.

34. SIGNATURE

Gene U. Cohen

M. O.

35. ADDRESS

Hosp. for Women of Md., Balto.

36. DATE SIGNED

Jan. 7, 1952

37. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

38. DATE

Jan. 9, 1952

39. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

40. LOCATION (City, town, or county)

Baltimore, Md.

(State)

41. DATE RECEIVED BY  
LOCAL REGISTRAR

42. REGISTRAR'S SIGNATURE

Huntington Williams

43. FUNERAL DIRECTOR

H. H. Hall

44. ADDRESS

4510 Liberty  
Heights Ave.

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52 0154

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0154  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

HATTIE V. KEBURN

2. DATE  
OF  
DEATH

Jan 5, 1952

PLACE OF DEATH:

Baltimore City, Maryland 1546 Rigginth

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md

B. COUNTY before admission)

FULL NAME OF (If not in hospital or institution, give street address or location)  
OSPITAL OR INSTITUTION1546 Rigginth St.  
77

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-09

D. STREET ADDRESS (If rural, give location)

1109 E. Federal St.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 18, 1874 77

9. AGE (In years last birthday)

11 Under 1 Year Months: Days

5 17

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at work at home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Turner

14. MOTHER'S MAIDEN NAME

Emaline Bailey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Howard Martin 1109 E. Federal St.

ADDRESS

18. 442X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive &amp; Arteriosclerotic Cardiovascular renal disease

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 4, 1952 to June 5, 1952 that I last saw the deceased alive on June 4, 1952 and that death occurred 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

D. Shorofsky M.D.

23B. ADDRESS

4734 Park Heights Ave

23C. DATE SIGNED

1/5/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery

24D. LOCATION (City, town, or county)

Baltimore City Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W.C. Conklin

ADDRESS

924 E. Eager St.

JAN 8 - 1952

VS 150

131a

Rm. 86 on 1st fl  
4734 Park Road, Inc.

52 0155

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0155

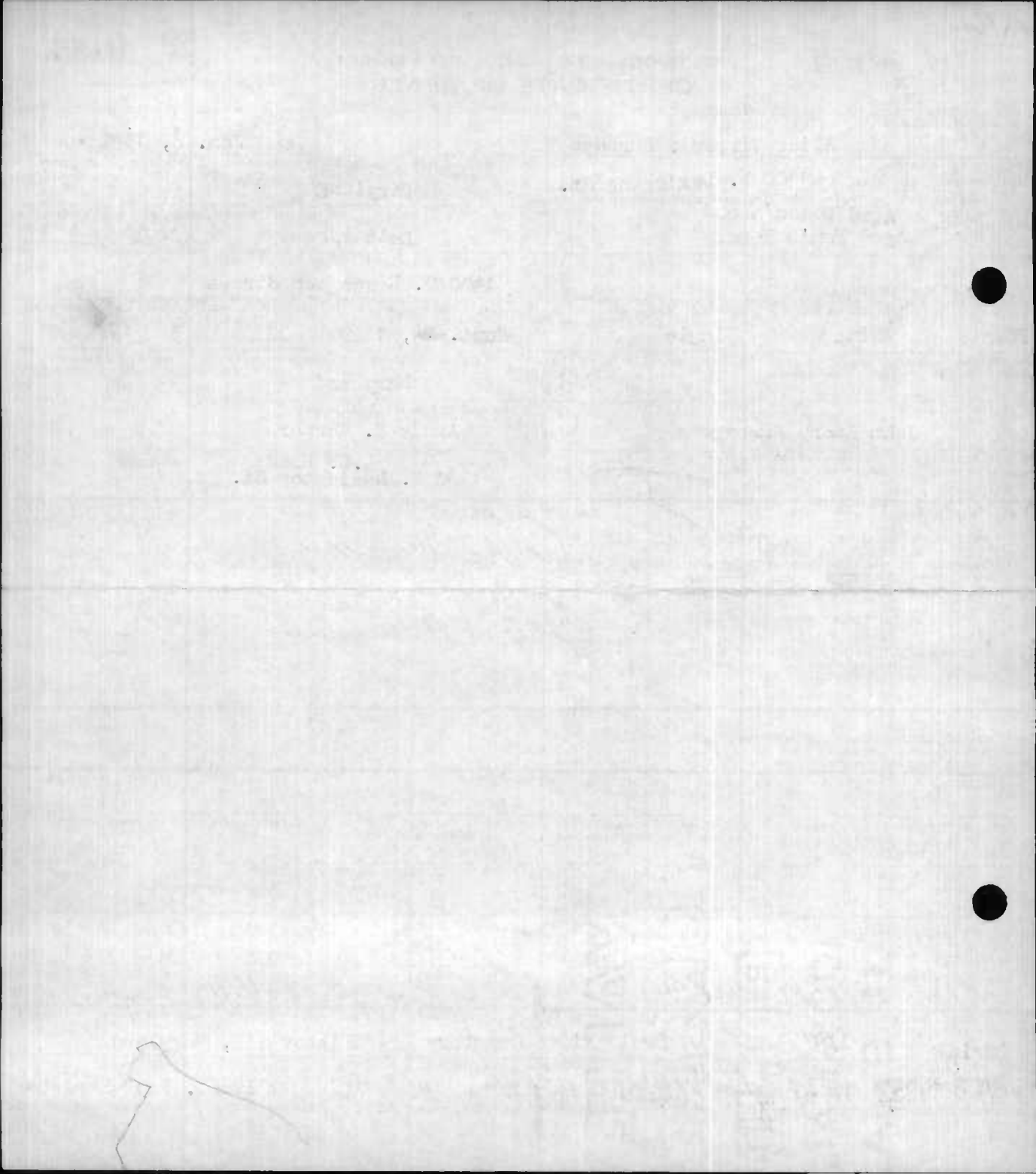
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Alice Virginia Burbage</b>		2. DATE OF DEATH <b>Jan. 6, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland 1400 W. Lexington St.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Aged Women's and Aged Men's Homes</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 19-02</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1400 W. Lexington Street</b>	
7. SEX <b>Female</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>Sept. 24, 1869</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) <b>82</b>	13. If Under 1 Year Months: Days <b>3 13</b>
14. BIRTHPLACE (State or foreign country) <b>Maryland</b>		15. CITIZEN OF WHAT COUNTRY?	
16. FATHER'S NAME <b>John Emory Burbage</b>		17. MOTHER'S MAIDEN NAME <b>Annie S. Warner</b>	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.	
20. INFORMANT <b>L.H. Read</b>		ADDRESS <b>1400 W. Lexington St.</b>	

18. <b>331X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Central Hemorrhage</b> DUE TO <b>Central Arteriosclerosis</b> DUE TO <b>Central Arteriosclerosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b> <b>2 yrs</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan</b> , 1950, to <b>Jan 6</b> , 1952 that I last saw the deceased alive on <b>Jan 6</b> , 1952, and that death occurred at <b>11:50 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Edward Edward Day</b>		23B. ADDRESS <b>4-4-33rd St Balt 18</b>		23C. DATE SIGNED <b>January 7, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/8/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Druid Ridge Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Pikesville, Maryland</b>		25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>			
26. DATE RECEIVED BY <b>JAN 8 1952</b>		27. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		28. ADDRESS <b>1217 St. Paul Street</b>	



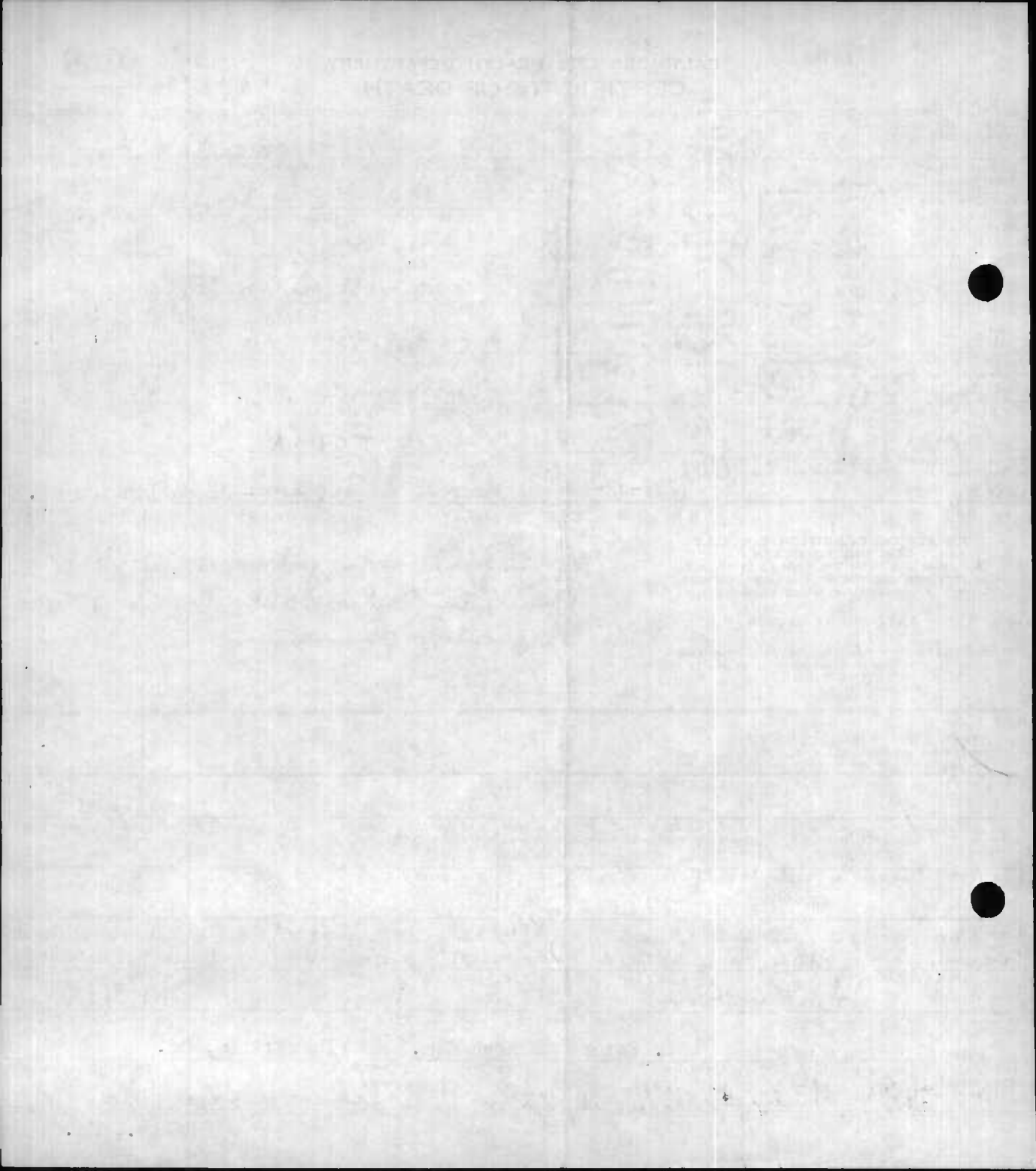
40

52 0156

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0156  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Myrtle Amy Sipple Mercy		1/6/52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital		A. STATE MA B. COUNTY Balto.	
5. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-06	
Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 620 Wellington St.	
6. SEX F	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH May 2, 1905	9. AGE (In years, last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? U.S.
3. FATHER'S NAME Emory HARE		14. MOTHER'S MAIDEN NAME Sora Foulk	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) No		16. SOCIAL SECURITY NO. 217-22-7091	
17. INFORMANT Robert C. Sipple		ADDRESS -820 Wellington St.	
18. 415X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Multiple Emboli, pulmonary 4 hrs	
		(B) Rheumatic Cardio-Vascular Disease 10 yrs	
		(C) Aspiration pneumonia 4 hrs	
		Vomitus	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/6/52, 19__, to 1/6/52, 19__, that I last saw the deceased alive on 1/6/52, 19__, and that death occurred at 11:25 p.m., from the causes and on the date stated above.			
23A. SIGNATURE H. Raskin		23B. ADDRESS Mary	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/10/52	
24C. NAME OF CEMETERY OR CREMATORY St. Peter's Church Cem.		24D. LOCATION (City, town, or county) (State) Albansville, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 8 - 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D. & Son	
VS 150		ADDRESS No + Pa Balto., Md.	

93c





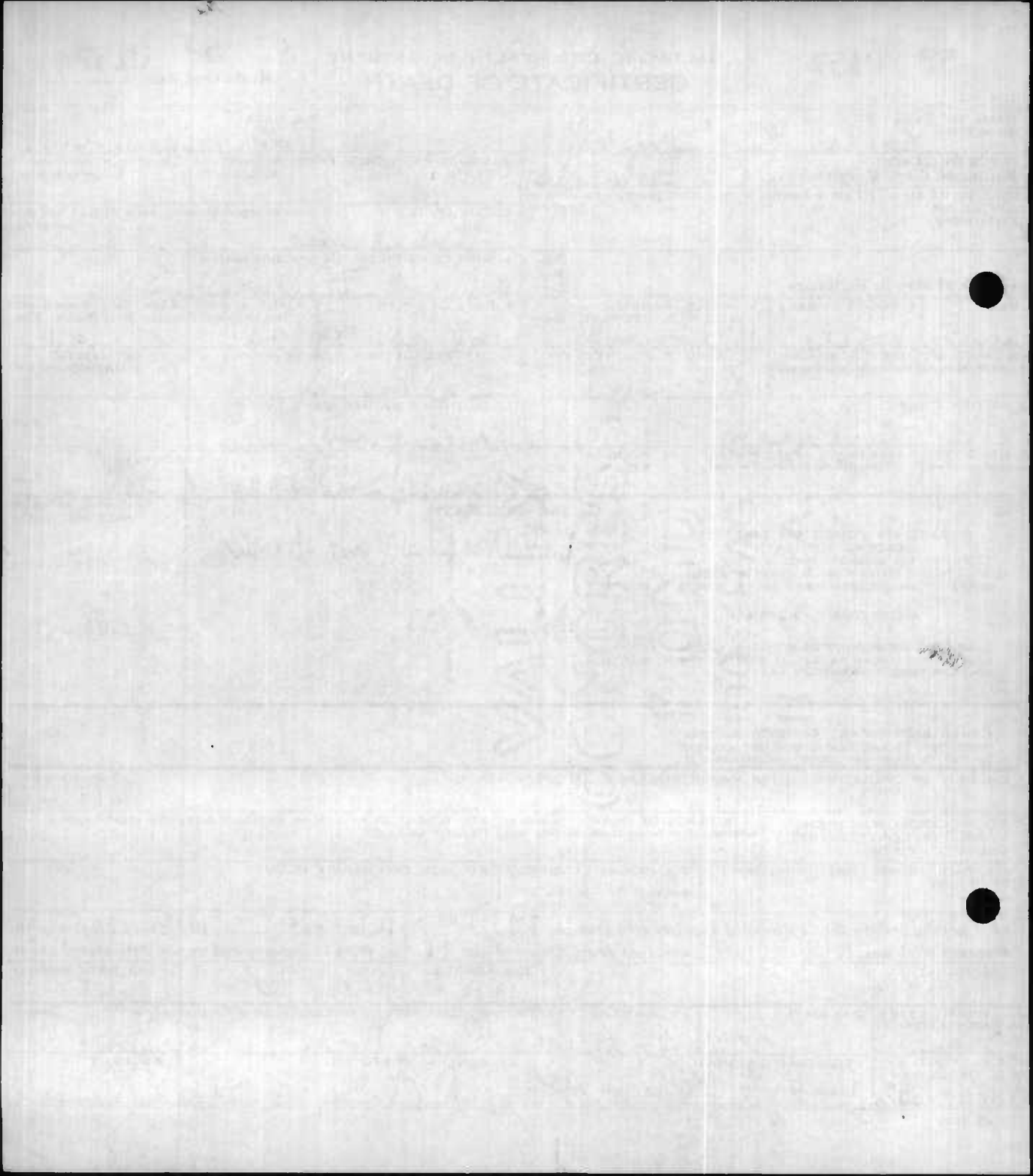
52 0157

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0157  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ellen E. Smith</i>		2. DATE OF DEATH <i>January - 6 - 52</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>2419 E. Federal St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. COLOR OR RACE <i>White</i>		D. STREET ADDRESS (If rural, give location) <i>2419 E. Federal St</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Oct - 30 - 1859</i>	
9. AGE (in years last birthday) <i>92</i>		10. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
11. CITIZEN OF WHAT COUNTRY?		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Mr. Traister</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give War or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Edgar M. Smith</i>		ADDRESS <i>2419 E. Federal St</i>	
18. I <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Coronary Vascular Rupture</i> DUE TO <i>Arteriosclerosis</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs</i> <i>Unknown</i>			
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>24 Mar</i> 19 <i>46</i> , to <i>6 Jan</i> 19 <i>52</i> , that I last saw the deceased alive on <i>6 Jan</i> 19 <i>52</i> , and that death occurred at <i>7 P</i> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Howard J. Jones</i>		23b. ADDRESS <i>1512 W. Milk St</i>	
23c. DATE SIGNED <i>6 Jan 52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>1.9.1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Baltimore Cem North Ave Balto. Md.</i>		24d. LOCATION (City, town, or county) (State)	
25. FUNERAL DIRECTOR <i>John C. Miller Inc.</i>		ADDRESS <i>2435 E. Oliver St</i>	





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52 0158BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0158  
Registered No.

BIRTH NO.

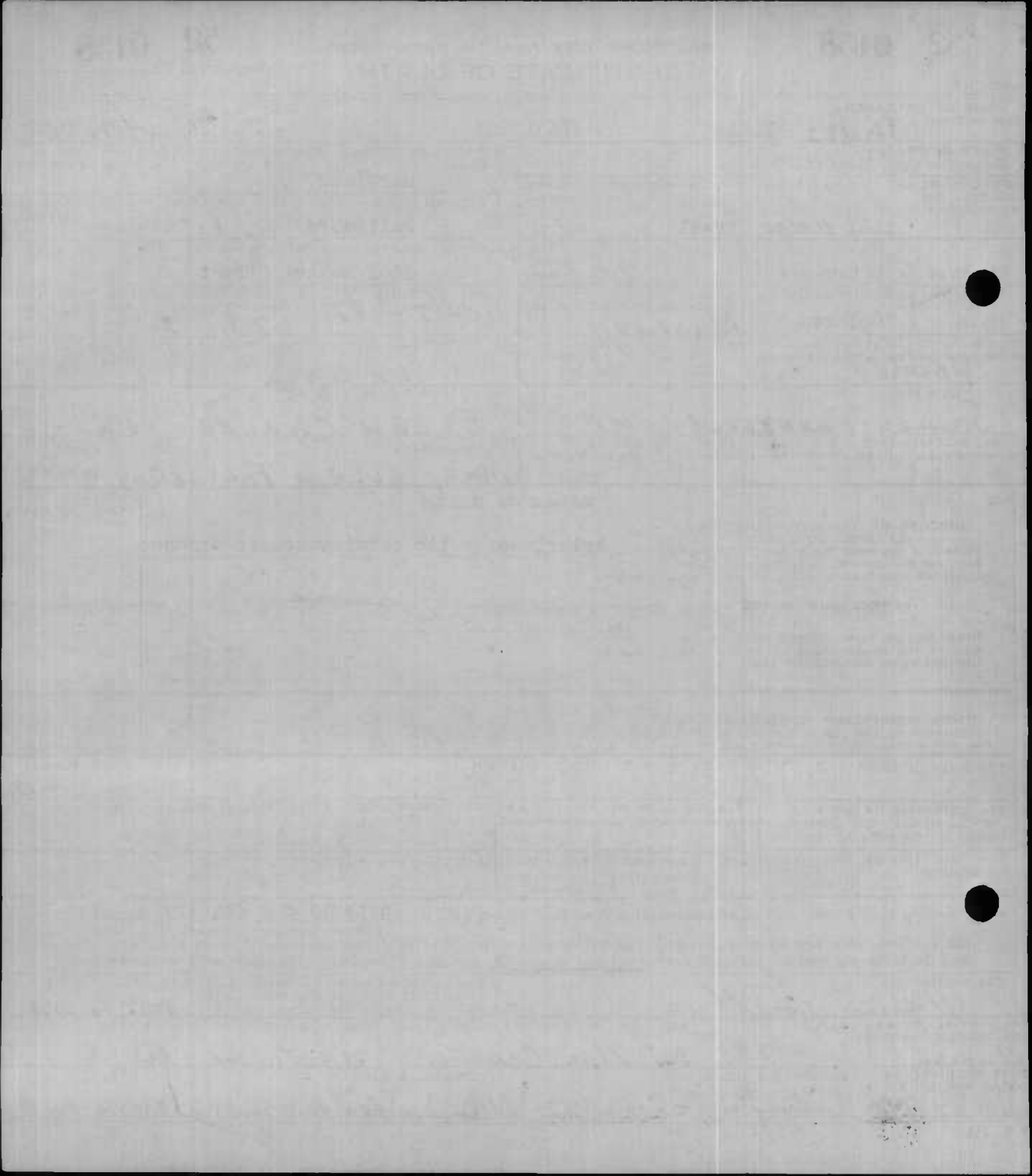
1. NAME OF DECEASED (Type or Print) <b>JAMES WILLIAM FONTLEROY</b>		2. DATE OF DEATH <b>January 7, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>1401 Mosher Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 16-02</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1401 Mosher Street</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>Colored</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	10. DATE OF BIRTH <b>10-7-1873</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		12. AGE (In years last birthday) <b>73</b>	
13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) <b>VIRGINIA</b>	
15. FATHER'S NAME <b>JAMES FONTLEROY</b>		16. MOTHER'S MAIDEN NAME <b>ELLEN CARTER</b>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. ADDRESS <b>1401</b>		20. INFORMANT <b>MARY ELLEN FONTLEROY MOSHER</b>	

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Wood</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Jan. 8, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1-10-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>MT ZION CEMETRY</b>	
24D. LOCATION (City, town, or county) <b>BALTIMORE MD</b>		24E. FUNERAL DIRECTOR <b>WILLIAM A JACKSON</b>		24F. ADDRESS <b>916 PENNA-AVE.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 8 - 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington, Williams</i>		25. FUNERAL DIRECTOR <b>WILLIAM A JACKSON</b>	

97099

937 ✓



52 0159

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0159  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Peleg Boyd Inglis

2. DATE  
OF DEATH Jan. 7, 1952

PLACE OF DEATH:

Baltimore City, Maryland Balto. Md. 2819 Jefferson

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE B. COUNTY

2819 Jefferson St.

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Balto. Md. 6-0115- Yrs.  
Mos.  
Days  
Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

2819 Jefferson St

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Male White --

8. DATE OF BIRTH

July 17, 1884

9. AGE (in years last birthday) 77  
If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Bartender10B. KIND OF BUSINESS OR INDUSTRY  
Madden's Cafe

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF WHAT COUNTRY?

3. FATHER'S NAME

Thomas Inglis

14. MOTHER'S MAIDEN NAME

Elizabeth Willis

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
es, no or unknown16. SOCIAL SECURITY NO.  
241-16-2473

17. INFORMANT

ADDRESS Whitman

Mrs. Ollie Olson. 891 Washington St. Mass.

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
DUE TO (A) Coronary Thrombosis 3 hrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
DUE TO (B) Myocardial InfarctionII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
DUE TO (C) Myocardial Asthenia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1952, to 1/7/52, 1952, that I last saw the deceased alive on 1/7, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Jan. 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Pine Grove Cem.

24D. LOCATION (City, town, or county) (State)

Pembroke Mass.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNDAL DIRECTOR

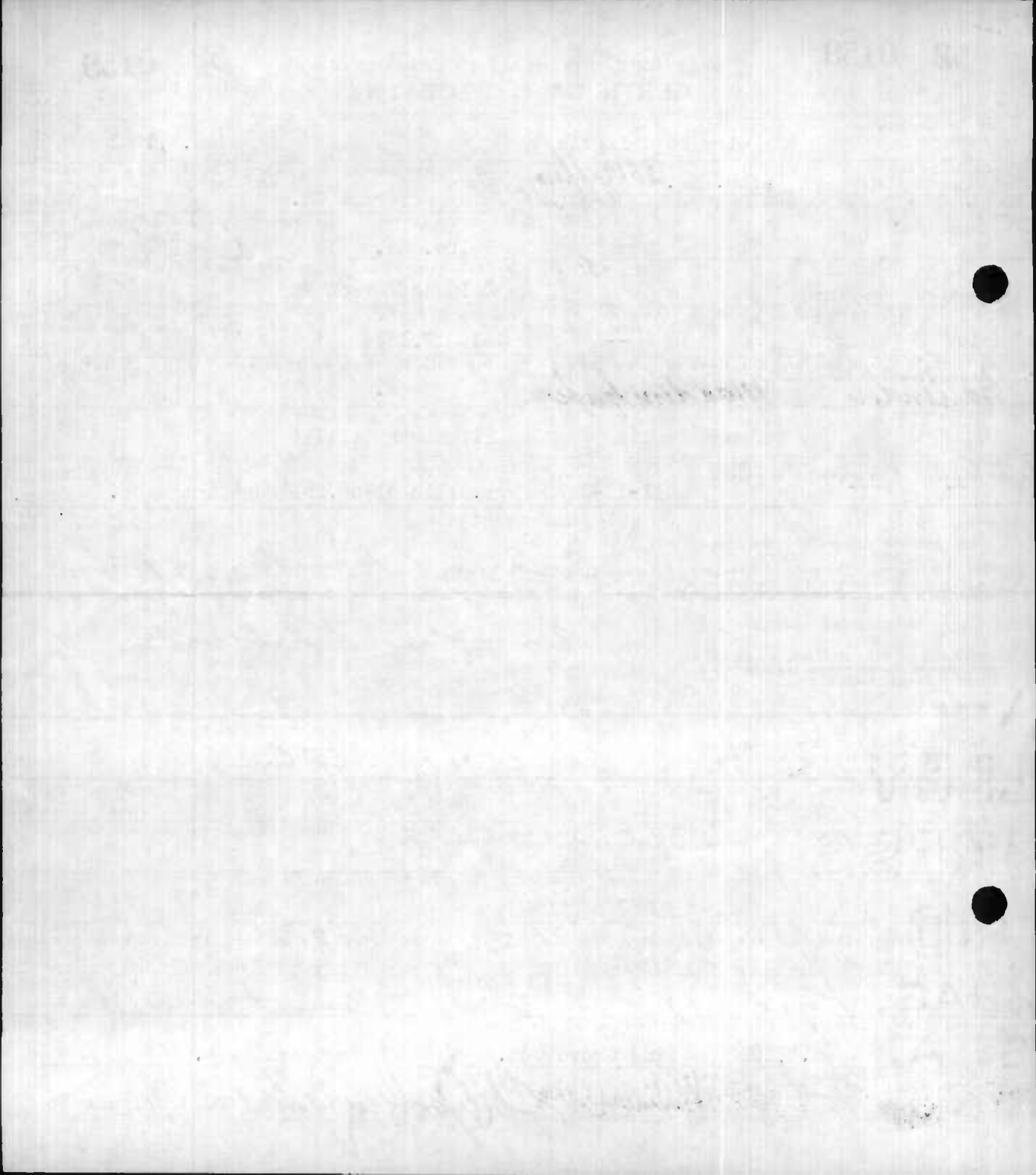
ADDRESS

JAN 8 - 1952

Huntington Williams, M.D.

Philip H. Herington

2024 Orleans St



52 0160

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 0160

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Mary Di Pasquale

2. DATE  
OF  
DEATH

Jan 6-1952

PLACE OF DEATH:

Baltimore City, Maryland *Baltimore Maryland*

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6-02

D. STREET ADDRESS (If rural, give location)

216 N. Luzerne Ave

Length of stay in Baltimore

44 years

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SEX

m

COLOR OR RACE

white

SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug 3-1890

9. AGE (In years last birthday)

61

If Under 1 Year

Months: Days

5 3

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew Messineo

14. MOTHER'S MAIDEN NAME

Nicotro

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Di Pasquale 216 N. Luzerne Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Hypertension and arteriosclerosis  
heart disease

4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1951 to Dec. 22, 1951 that I last saw the deceased alive on Dec 22, 1951 and that death occurred at        m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

M. D.

1214 N. Calvert St.

23C. DATE SIGNED

7 Jan 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

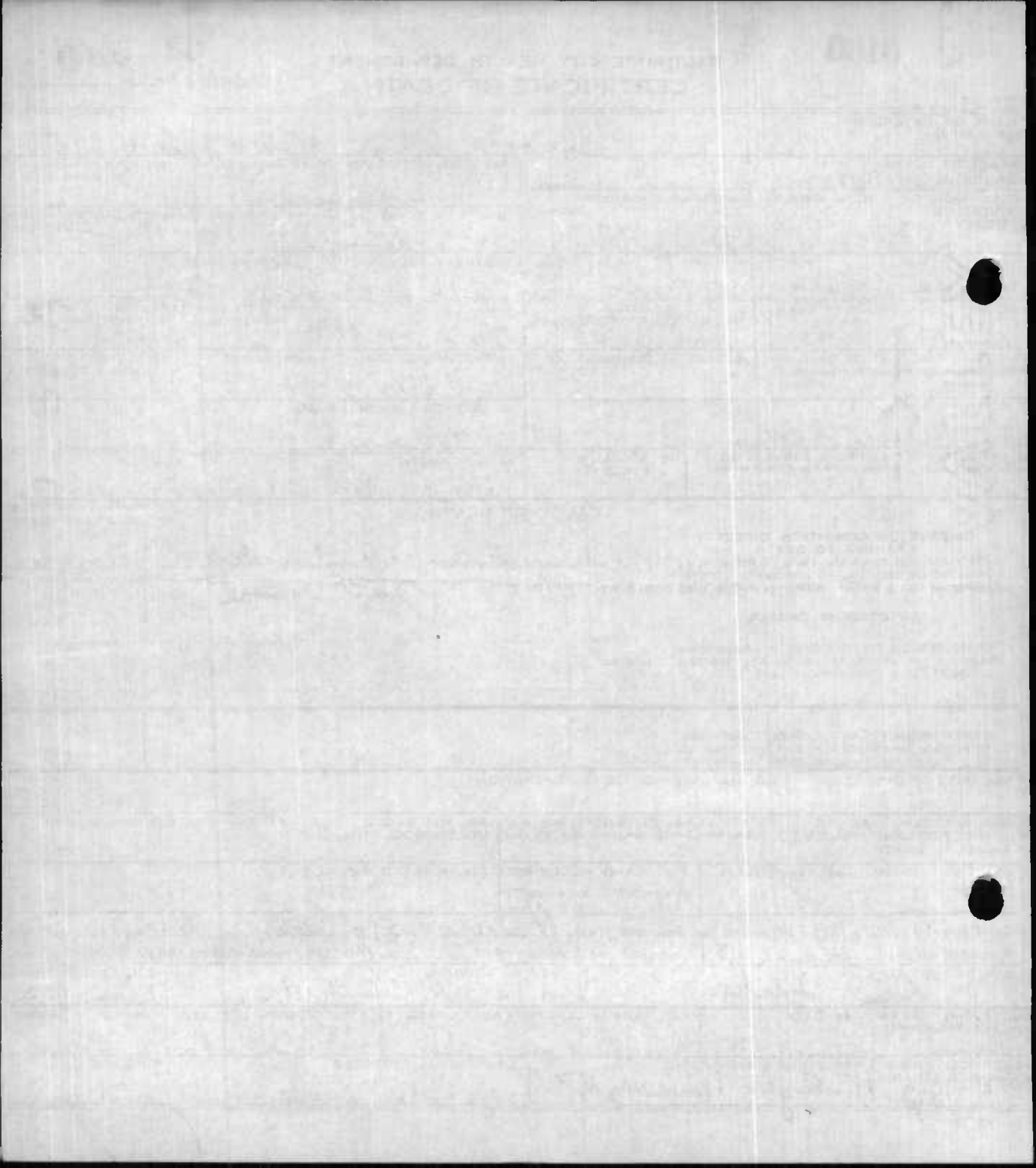
ADDRESS

Jan 9-1952  
Huntington Williams, M.D.

Joseph LaFace, Inc. 2813 Sheenmount Ave.

VS 150

937





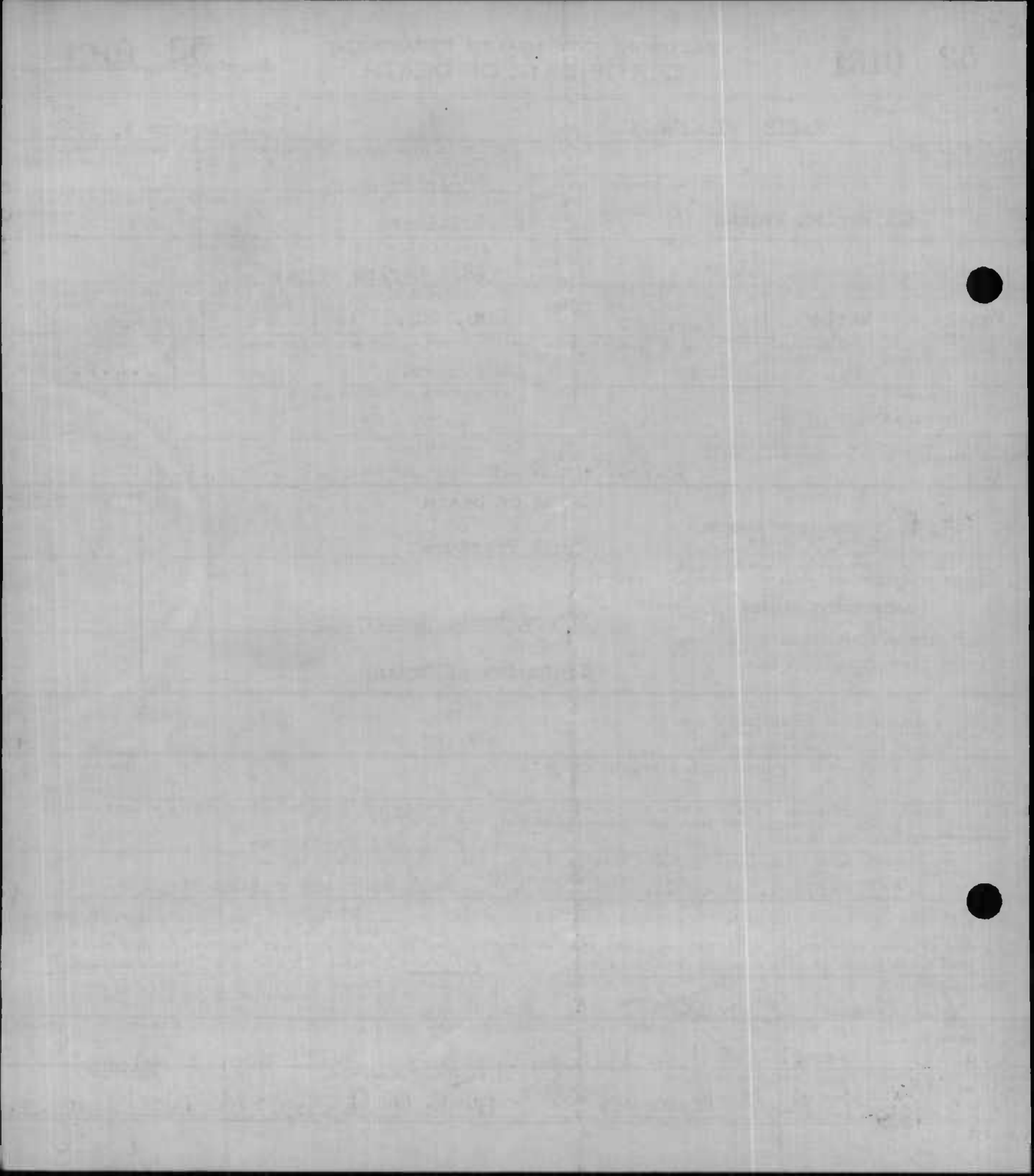
52 0161

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0161

1. NAME OF DECEASED (Type or Print) <b>MARIE WILKINSON</b>		2. DATE OF DEATH <b>January 5, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>2821 Harlem Avenue</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2821 Harlem Avenue</b>		6. COLOR OR RACE <b>White</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 22, 1903</b>	
9. AGE (in years last birthday) <b>48</b>		10. MONTHS <b>14</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Robert Cluney</b>		14. MOTHER'S MAIDEN NAME <b>Mary Hayes</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>217-22-5802</b>	
17. INFORMANT <b>Katherine Hayes</b>		ADDRESS <b>634 Wildwood Pkwy</b>	

18. <b>E90010</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Skull Fracture</b> (A) DUE TO <b>Subarachnoid Hemorrhage</b> (B) DUE TO <b>Contusion of brain</b> (C)		INTERVAL BETWEEN ONSET AND DEATH
19. DATE OF OPERATION		
19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>2821 Harlem Avenue</b>
21D. TIME (Month) (Day) (Year) (Hour) <b>Jan 1/5/52 2:30 A.</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Fell down the cellar steps</b>
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>		
23A. SIGNATURE <b>William H. [Signature]</b>	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	23C. DATE SIGNED <b>1/5/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Jan. 10/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>
24D. LOCATION (City, town, or county) <b>Baltimore, Maryland</b>		(State)
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 8 - 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>John I. G. [Signature]</b>
ADDRESS <b>2700 Edmondson Av.</b>		



00 52 0162

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0162  
Registered No.

ND-154474

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Iola Moore

2. DATE  
OF  
DEATH

Jan. 3, 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF  
HOSPITAL OR  
INSTITUTION(If not in hospital or institution, give street address or location)  
Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

1146 Argyle Ave.

Length of stay in Baltimore

30 Yrs. ?

Yrs.  
Mos.  
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female Negro

Widowed

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

9. FATHER'S NAME

Ector Moore

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

1B. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardio-vascular disease

Over 1 Yr.

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic pyelonephrosis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-4, 1951 to 1-3, 1952, that I last saw the  
deceased alive on 1-3, 1952, and that death occurred at 11:18 pm, from the causes and on the date stated above.

23A. SIGNATURE

D. S. Cohen

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-4-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

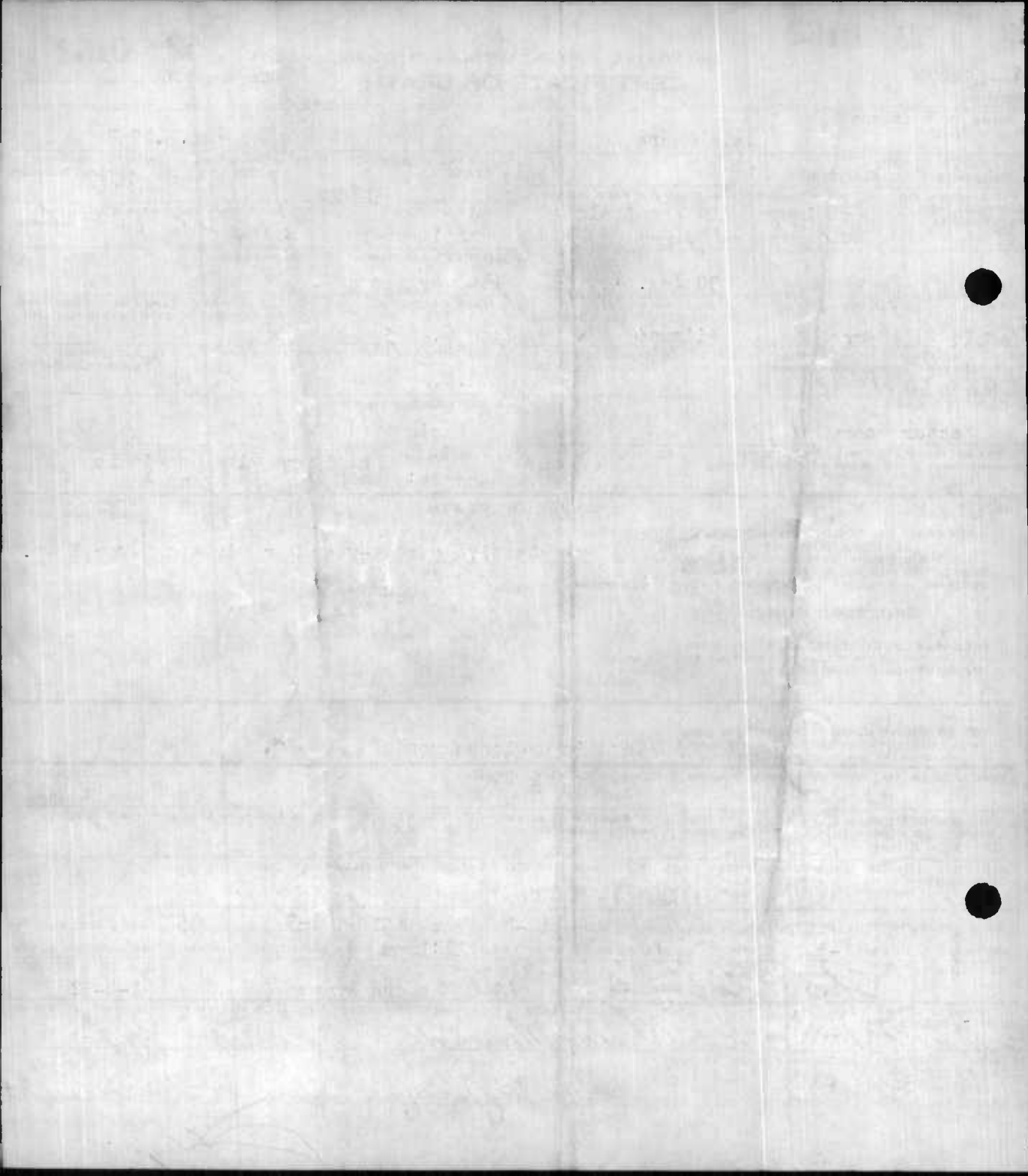
JAN 8 - 1952

Huntington Williams, M.D.

Mrs. Katie R. Williams Schroeder St

VS 150

93D



52 0163

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0163  
Registered No.

MD-149370

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Blonetha Kearey (Blonetha Kearney)

2. DATE

OF DEATH Jan. 5, 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF  
HOSPITAL OR  
INSTITUTION(If not in hospital or institution, give street address or location)  
Baltimore City Hospitals  
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

811 N. Monroe St. (17)

Length of stay in Baltimore

11 Yrs.

Yrs.  
Mos.  
Days6. COLOR OR RACE  
Female Negro  
7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

May 24, 1930

9. AGE (in years last birthday)

21

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Lawrence Nelson

14. MOTHER'S MAIDEN NAME

Rebecca Richardson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18. 002X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

Pulmonary Tuberculosis

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

7 mos. plus

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-26-51 8-29-51

19B. MAJOR FINDINGS OF OPERATION

Lymph node biopsy sternal marrow puncture

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-12, 19 51 to 1-5, 19 52, that I last saw the deceased alive on 1-5, 19 52, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. O'Brien M. O.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial  
DATE RECEIVED BY LOCAL REGISTRAR  
JAN 8 - 1952

24B. DATE

1-8-1952

24C. NAME OF CEMETERY OR CREMATORY

Balto. National

24D. LOCATION (City, town, or county) (State)

Balto

REGISTRAR'S SIGNATURE

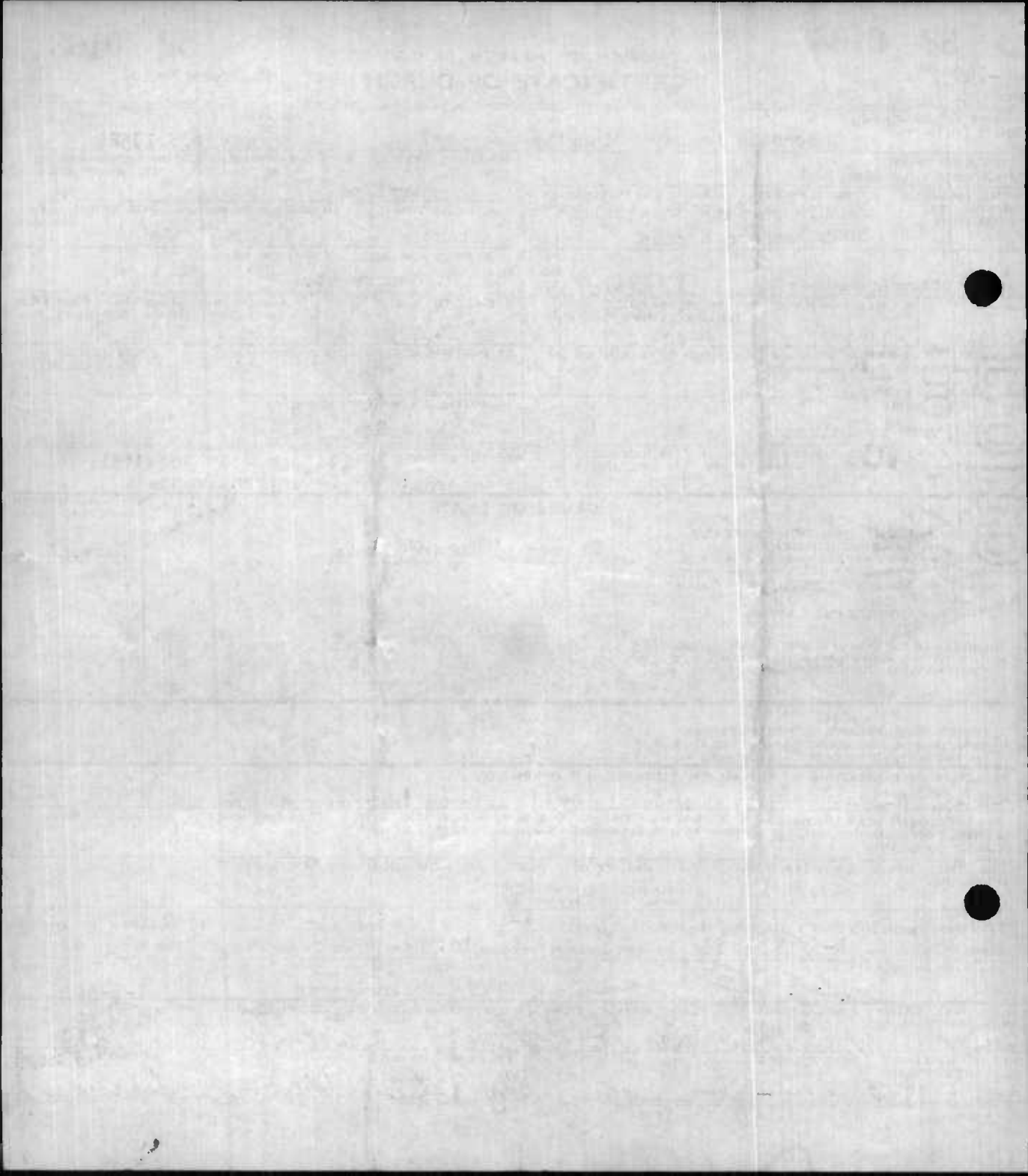
Huntington Williams

25. FUNERAL DIRECTOR

Mrs. Katie B. Williams

ADDRESS

322 N Schroeder St



356  
52 0164BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0164  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Fredrick Lattimore (FRED)</b>		2. DATE OF DEATH <b>Jan 6, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>4-02</b> D. STREET ADDRESS (If rural, give location) <b>622 W Redwood st.</b>	
5. LENGTH OF stay in Baltimore <b>Life</b>		6. COLOR OR RACE <b>Male</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>March 17, 02</b>	
9. AGE (In years last birthday) <b>49</b>		10. MONTHS <b>9</b> DAYS <b>19</b>	
11. BIRTHPLACE (State or foreign country) <b>Mayland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Frederick Lattimore</b>		14. MOTHER'S MAIDEN NAME <b>Georgia Gwynn</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>--</b>		16. SOCIAL SECURITY NO. <b>----</b>	
17. INFORMANT <b>Ernest Lattimore</b>		ADDRESS <b>622 W. Redwood</b>	

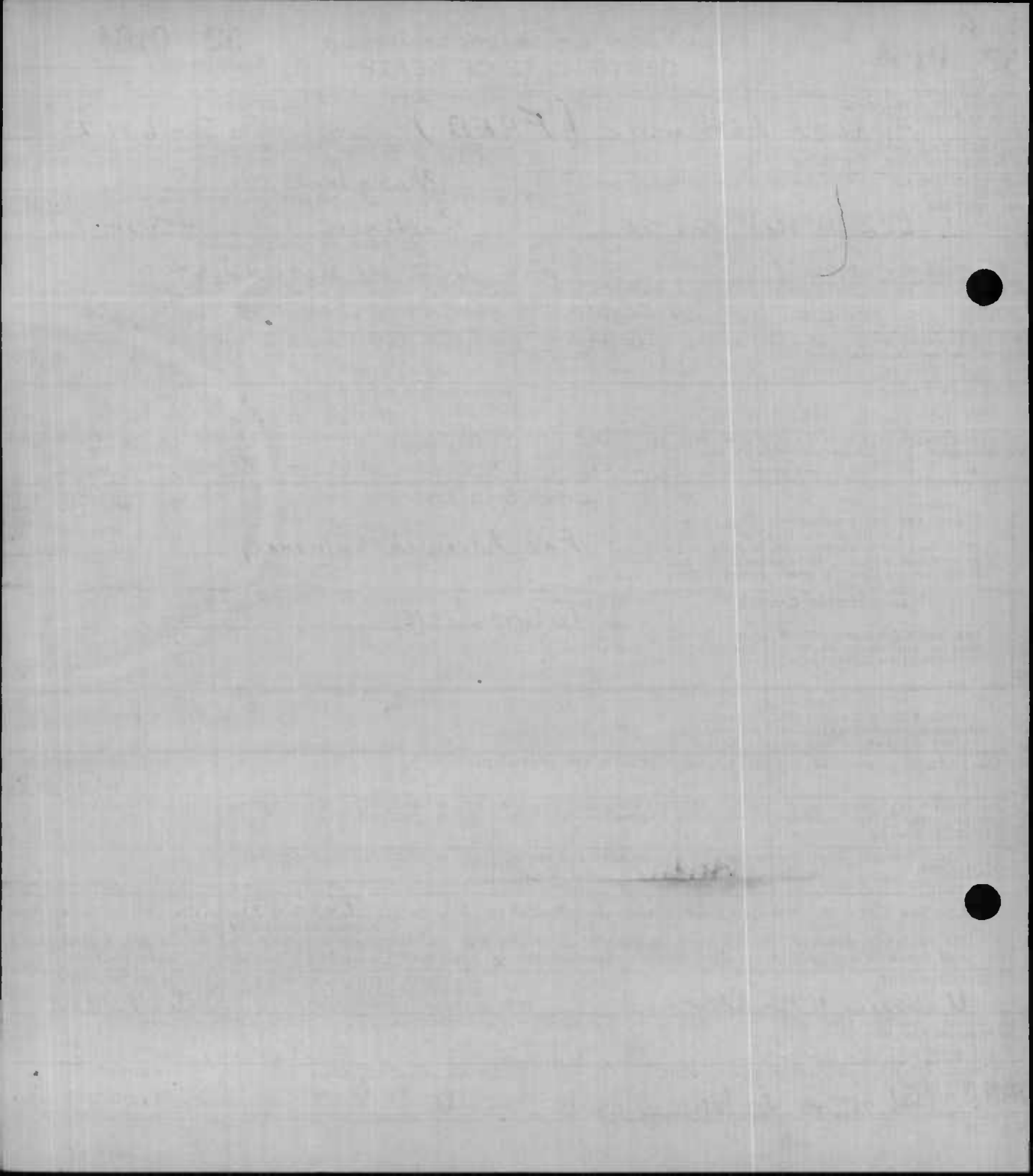
18. <b>002X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Far Advanced Pulmonary</b> CAUSE OF DEATH <b>Tuberculosis</b> INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
I certify that I took charge of the remains described above, held an <b>Inst. &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>William V. L...</b>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Jan 6, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-9-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. Auburn</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Maryland</b>		24E. FUNERAL DIRECTOR, ADDRESS <b>Arllington Phillips 1808 N. Monroe St.</b>		24F. DATE RECEIVED BY REGISTRAR <b>JAN 8 - 1952</b>	
24G. REGISTRAR'S SIGNATURE <b>...</b>		24H. REGISTRAR'S ADDRESS <b>...</b>		24I. REGISTRAR'S PHONE NO. <b>4306A</b>	

VS 151

13R ✓





25-  
52 0165BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0165  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Laura Eliason

2. DATE  
OF  
DEATH

1/5/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

14 N. Linwood Ave

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR  
INDUSTRY

9. FATHER'S NAME

George Tickers

10. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No, no or unknown

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Jan. 11-1869

9. AGE (in years  
last birthday)

82

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Not Known

17. INFORMANT

ADDRESS

William M. Healy 14 N. Linwood Ave.

18. 420.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Acute Coronary infection

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)Coronary Sclerosis  
arterio sclerosisINTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24 19 to 1/5 1952, that I last saw the  
deceased alive on 1/5 1952 and that death occurred at 10:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE

A. H. Hornstein

23b. ADDRESS

M. D.

204 E. Biddle St

23c. DATE SIGNED

1/5/52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

Jan. 9/52

Baltimore Cem.

Balto.

Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 8 - 1952

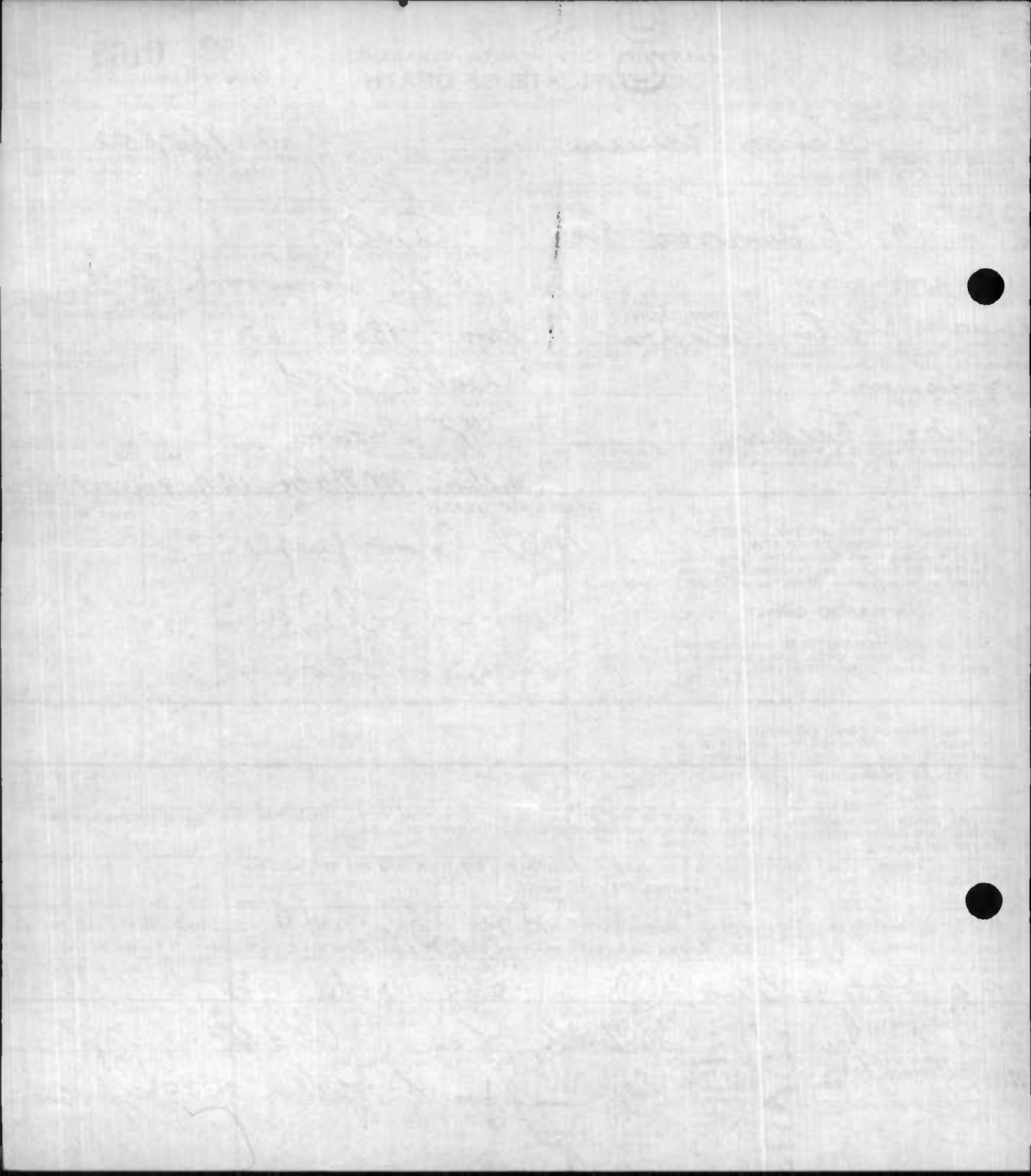
Huntington Williams, M.D.

John H. Miller

2334 Jefferson St.

VS 150

94a



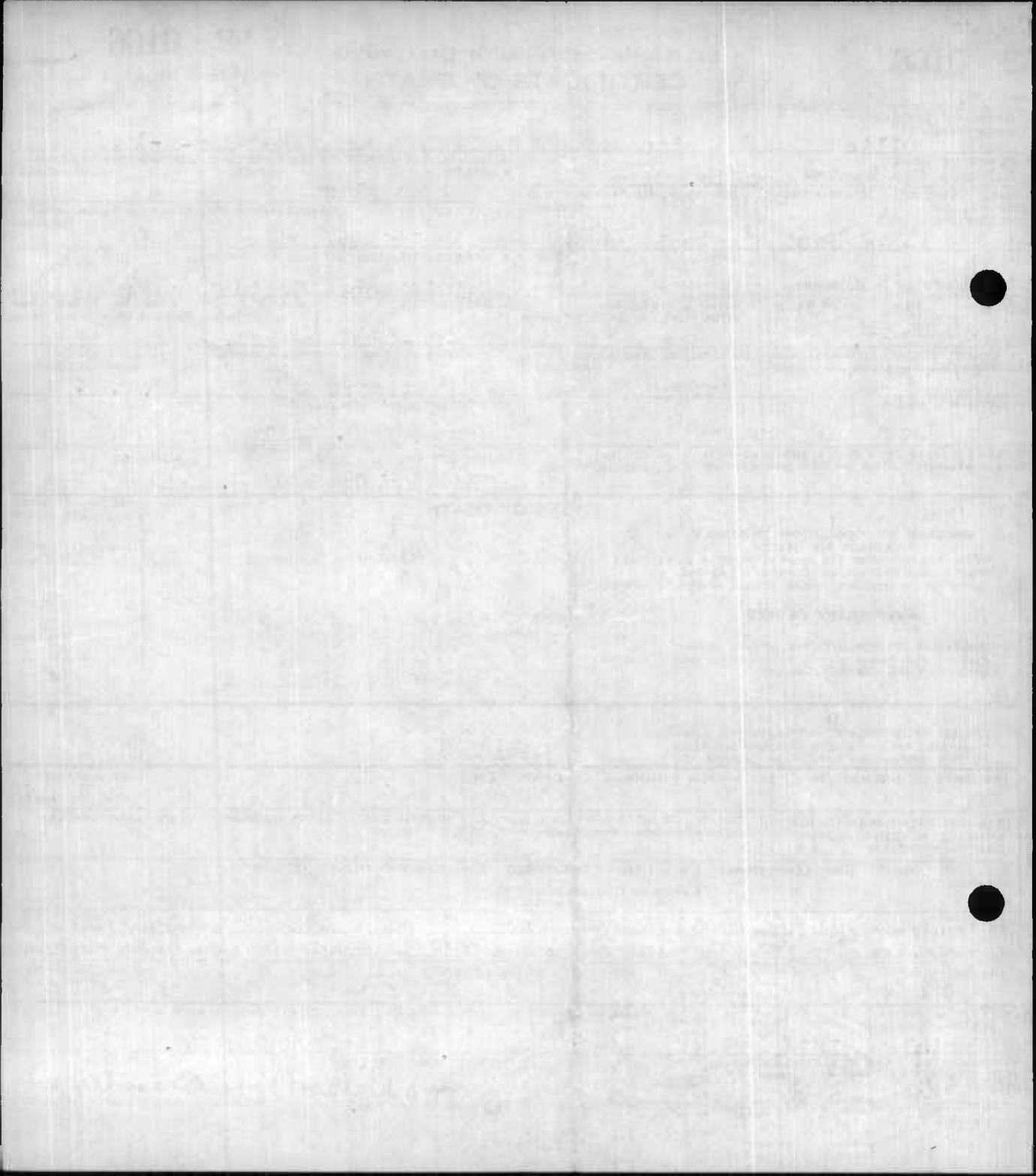
200  
52 0166BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0166  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Ollie</u> <u>Wise</u>			2. DATE OF DEATH <u>Jan-5-1952</u>		
3. PLACE OF DEATH: <u>A. Baltimore City, Maryland</u> <u>Balto. City</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE <u>Maryland</u> B. COUNTY <u>before admission</u> )		
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>1204 North Central Avenue</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>10-01</u>		
6. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>1204 North Central Avenue</u>		
7. SEX <u>Female</u>	8. COLOR OR RACE <u>Col.</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	10. DATE OF BIRTH <u>Jan-20-1888</u>		11. AGE (In years last birthday) <u>63</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			11. BIRTHPLACE (State or foreign country) <u>Baltimore</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Joshus</u> <u>Dennis</u>			14. MOTHER'S MAIDEN NAME <u>Jane</u> <u>E. Saile</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Ollie Frisby</u>			ADDRESS <u>1204 N. Central Ave</u>		

18. <u>593X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH  (A) <u>Coronary Occlusion</u> DUE TO  (B) <u>Chronic Myocarditis</u> DUE TO <u>Nephritis</u>  (C) <u>Atherosclerosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 days</u>
---	---	--

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec. 1<sup>st</sup></u> , 1952, to <u>Jan 5</u> , 1952, that I last saw the deceased alive on <u>Jan 5</u> , 1952, and that death occurred at <u>9:50 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Edmund P. Reford</u>		23B. ADDRESS <u>8220 R. Bm 5<sup>th</sup></u>		23C. DATE SIGNED <u>1/8/52</u>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>1/9/1952</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt Calvary Cem.</u>	
24D. LOCATION (City, town, or county) <u>Brooklyn Md.</u>		25. FUNERAL DIRECTOR <u>Edmund P. Reford</u>			
DATE RECEIVED BY <u>JAN 8 - 1952</u>		REGISTRAR'S SIGNATURE <u>Edmund P. Reford</u>		ADDRESS <u>1000 Brantley Ave</u>	



102  
52 0167

52 0167

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) <b>LEWIS DE PEAUF</b>		2. DATE OF DEATH <b>January 5, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>26-09</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Baltimore City Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1002 S. Conkling Street</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>Sept 12, 1912</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		12. AGE (In years last birthday) <b>39</b>	
13. KIND OF BUSINESS OR INDUSTRY <b>Brewery</b>		14. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
15. FATHER'S NAME <b>Adam Despeaux</b>		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		18. SOCIAL SECURITY NO. <b>1002X</b>	
19. INFORMANT <b>Louis W F Thal</b>		20. ADDRESS <b>2207 Mulligan St</b>	

21. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Far Advanced Pulmonary Tuberculosis</b>		INTERVAL BETWEEN ONSET AND DEATH	
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <b>Far Advanced Pulmonary Tuberculosis</b> DUE TO (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION <b>002X</b>		24. MAJOR FINDINGS OF OPERATION	
25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
26. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.		27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
29. TIME (Month) (Day) (Year) (Hour) OF INJURY		30. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
31. HOW DID INJURY OCCUR?			
32. I certify that I took charge of the remains described above, held an <b>inspection &amp; inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
33. SIGNATURE <b>William V. Schmitt</b>		34. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
35. DATE SIGNED <b>1/5/52</b>			
36. BURIAL, CREMA-TION, REMOVAL (Specify) <b>Burial</b>		37. DATE <b>Jan 10 1952</b>	
38. NAME OF CEMETERY OR CREMATORY <b>Schwartz Cemetery</b>		39. LOCATION (City, town, or county) (State) <b>Baltimore</b>	
40. DATE RECEIVED BY LOCAL REGISTRAR <b>Jan 10 1952</b>		41. REGISTRAR'S SIGNATURE <b>Harry J. ...</b>	
42. FUNERAL DIRECTOR <b>William V. Schmitt</b>		43. ADDRESS <b>2008 Orleans St</b>	

1000 56

1000 56

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1000 56







TO: *R. H. Fisher*  
FROM: *R. H. Fisher*  
DATE: *10/10/68*  
SUBJECT: *100-443880 CASE*

NOT A MEDICAL EXAMINER'S CASE  
M.D.  
CHIEF OF POLICE MEDICAL EXAMINER

D-500  
52 0169BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0169

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

CLARA K. DUNN

2. DATE  
OF  
DEATH

1-5-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2410 PENNA. AVE

5. Length of stay in Baltimore

6. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

William Kell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

April 19, 1881

9. AGE (In years last birthday)

70

11 Under 1 Year  
Months; Days11 Under 24 Hours  
Hours; Min.

11. BIRTHPLACE (State or foreign country)

Balt. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Priscilla

Priscilla Parker

ADDRESS 2410 PENNA. AVE

18. 593X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Pneumonia

INTERVAL BETWEEN  
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Myocarditis

(C) DUE TO

Nephrosis

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 13, 1952, to Jan. 5, 1952, that I last saw the deceased alive on Jan 5, 1952, and that death occurred at 1:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

L. L. L. L.

M. D.

23B. ADDRESS

220 N. Bond St

23C. DATE SIGNED

1/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/8/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cem

24D. LOCATION (City, town, or county) (State)

Balt. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

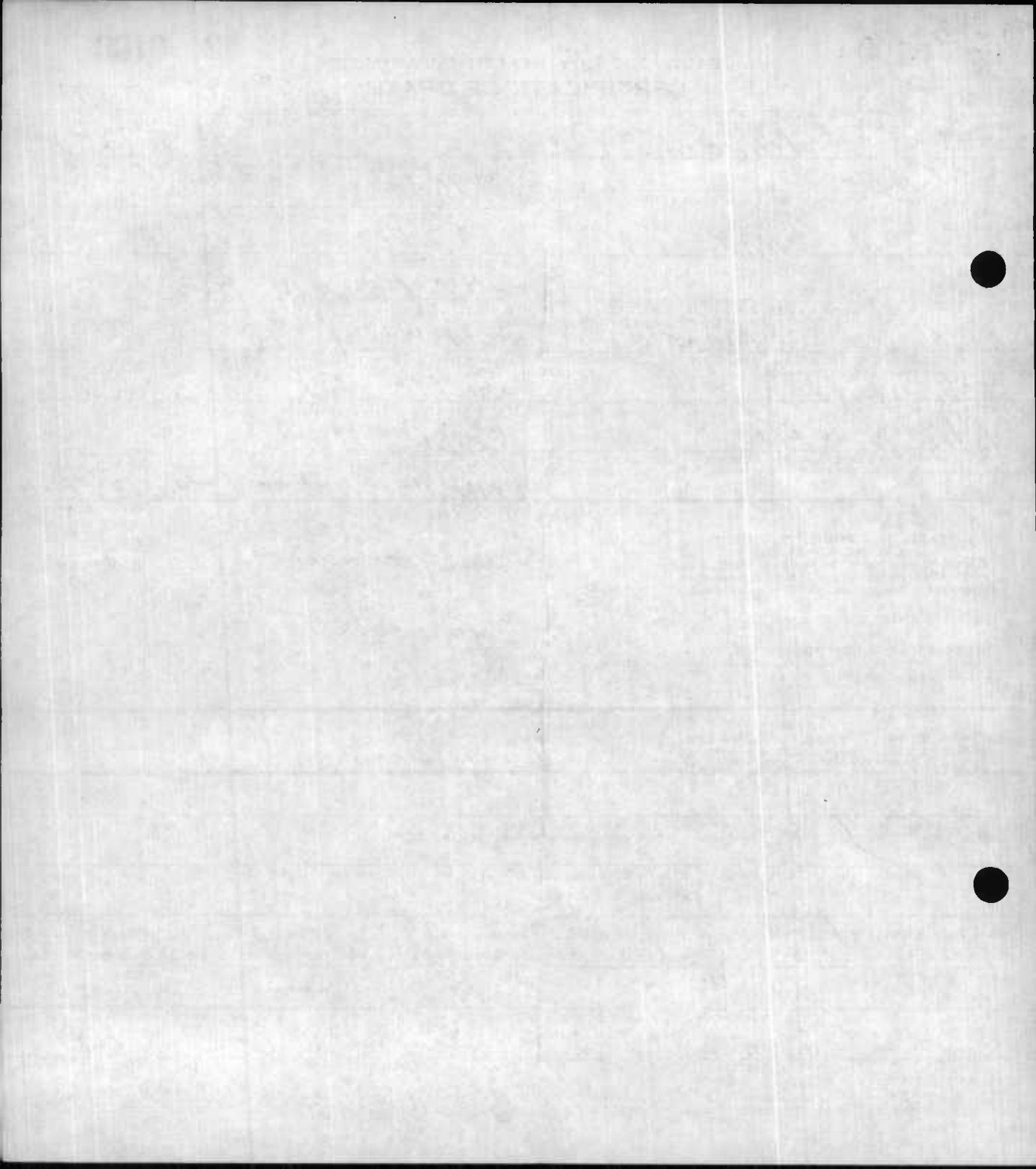
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

The Baltimore Funeral Home

ADDRESS

11802



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 0170  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

*Julia Smith BLACK*

2. DATE  
OF  
DEATH

*JANUARY 5, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

*1608 W. Mulberry St.*

C. Length of stay in Baltimore

*29 yrs.*

5. SEX

*Female*

6. COLOR OR RACE

*Colored*

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

*Widow*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

*Housewife*

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

*BARRY MASON*

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

*No.*

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

*Dec. 24, 1875*

9. AGE (in years last birthday)

*76*

11 Under 1 Year Months: Days

*12*

11. BIRTHPLACE (State or foreign country)

*George Town, Maryland*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

14. MOTHER'S MAIDEN NAME

*HARRIET RAISON Chambers*

17. INFORMANT

ADDRESS

*Dorothy Young 1608 W. Mulberry St.*

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

*Cerebral Hemorrhage*

INTERVAL BETWEEN ONSET AND DEATH

*3 wks.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*Hypertensive Heart Disease*

*Unknown*

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *12-9-*, 19*51*, to *1-5-*, 19*52*; that I last saw the deceased alive on *1-4-*, 19*52*, and that death occurred at *12:00* m., from the causes and on the date stated above.

23A. SIGNATURE

*Richard H. Hunt*

23B. ADDRESS

M. D.

*1631 W. Franklin St.*

23C. DATE SIGNED

*1-7-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

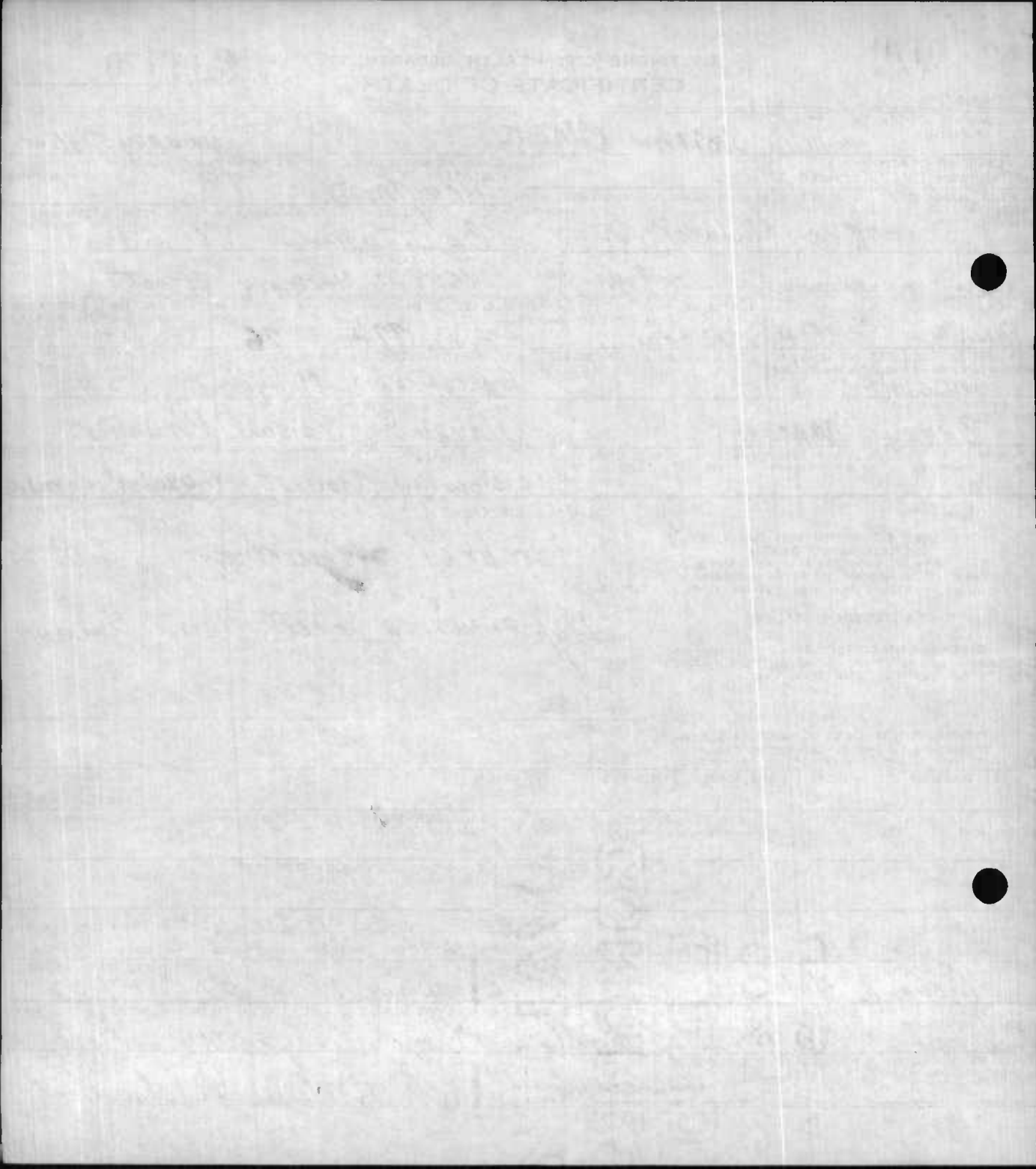
25. FUNERAL DIRECTOR

ADDRESS

*1/10/1952*

*William Williams*

*Mrs. Kate Williams 1608 W. Mulberry St.*





352  
52 0171BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0171  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Mary Agnes Stansbury</i>		2. DATE OF DEATH <i>1-4-1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Md.</i> b. COUNTY <i>Balto.</i>			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1041 Brentley Ave.</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>			
7. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		8. STREET ADDRESS (If rural, give location) <i>1041 Brentley Ave</i>			
9. SEX <i>Female</i>	10. COLOR OR RACE <i>Col.</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	12. DATE OF BIRTH <i>Sept 26, 1875</i>	13. AGE (In years last birthday) <i>76</i>	14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		16. KIND OF BUSINESS OR INDUSTRY		17. BIRTHPLACE (State or foreign country) <i>Annapolis Md.</i>	
18. FATHER'S NAME <i>Moses Harold</i>		19. MOTHER'S MAIDEN NAME <i>Rebecca</i>		20. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		22. SOCIAL SECURITY NO.		23. INFORMANT <i>Rover B Spriggs</i>	
24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Valvular Heart Disease</i>		25. CAUSE OF DEATH (A) <i>Myocardial Infarction</i> (B) <i>Coronary Atherosclerosis</i> (C) <i>Chronic</i>		26. INTERVAL BETWEEN ONSET AND DEATH <i>9 days</i>	
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
28. DATE OF OPERATION <i>0</i>		29. MAJOR FINDINGS OF OPERATION		30. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
34. TIME (Month) (Day) (Year) (Hour) OF INJURY		35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		36. HOW DID INJURY OCCUR?	
37. I hereby certify that I attended the deceased from <i>12-15, 1951</i> , to <i>1-4, 1952</i> , that I last saw the deceased alive on <i>1-4, 1952</i> , and that death occurred at <i>1-4, 1952</i> , from the causes and on the date stated above.					
38. SIGNATURE <i>Charles W. Smith</i>		39. ADDRESS <i>861 Park Ave N.E.</i>		40. DATE SIGNED <i>1-4-52</i>	
41. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		42. DATE <i>1-9-1952</i>		43. NAME OF CEMETERY OR CREMATORY <i>St. Peter's Cem.</i>	
44. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>		45. FUNERAL DIRECTOR <i>Wm. H. R. Williams</i>		46. ADDRESS <i>922</i>	
47. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 10 1952</i>		48. REGISTRAR'S SIGNATURE <i>William H. Williams</i>		49. VS 150	



1911

DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

NEW YORK CITY



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 0172  
Registered No.

NO.

NAME OF DECEASED  
(Type or Print)

*Robert Colfield*

2. DATE  
OF  
DEATH

*Jan 6, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

*Franklin Square Hospital*

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

*Alphon Colfield*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
*Md.*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Ba / To.*

*18-02*

D. STREET ADDRESS (If rural, give location)

*1060 W Fayette St*

8. DATE OF BIRTH

*Oct. 2, 1894*

9. AGE (In years last birthday)

*57*

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

*Merryhill N.C.*

12. CITIZEN OF WHAT COUNTRY?

*U.S.A.*

14. MOTHER'S MAIDEN NAME

*Cora S*

17. INFORMANT

ADDRESS

*Rosetta Colfield W. Fayette St 1060*

18. *443X*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hypertensive Cardiovascular Disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Insp & Inquiry* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*William V. [Signature]*

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED

*Jan 6, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify)

*Burial*

24B. DATE

*1-10-1952*

24C. NAME OF CEMETERY OR CREMATORY

*Western Har. Cem.*

24D. LOCATION (City, town, or county) (State)

*Catonville Md.*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

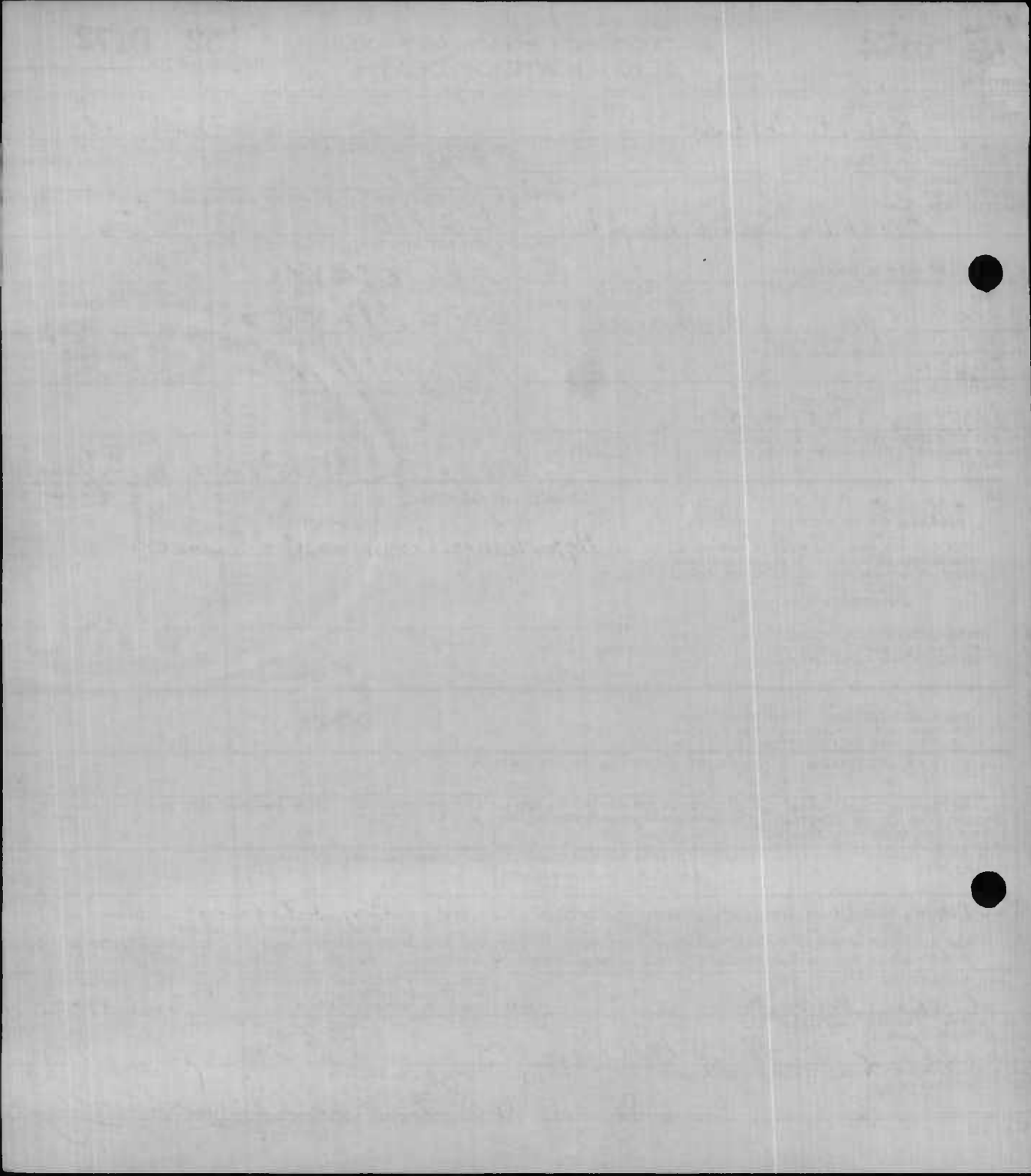
*[Signature]*

25. FUNERAL DIRECTOR

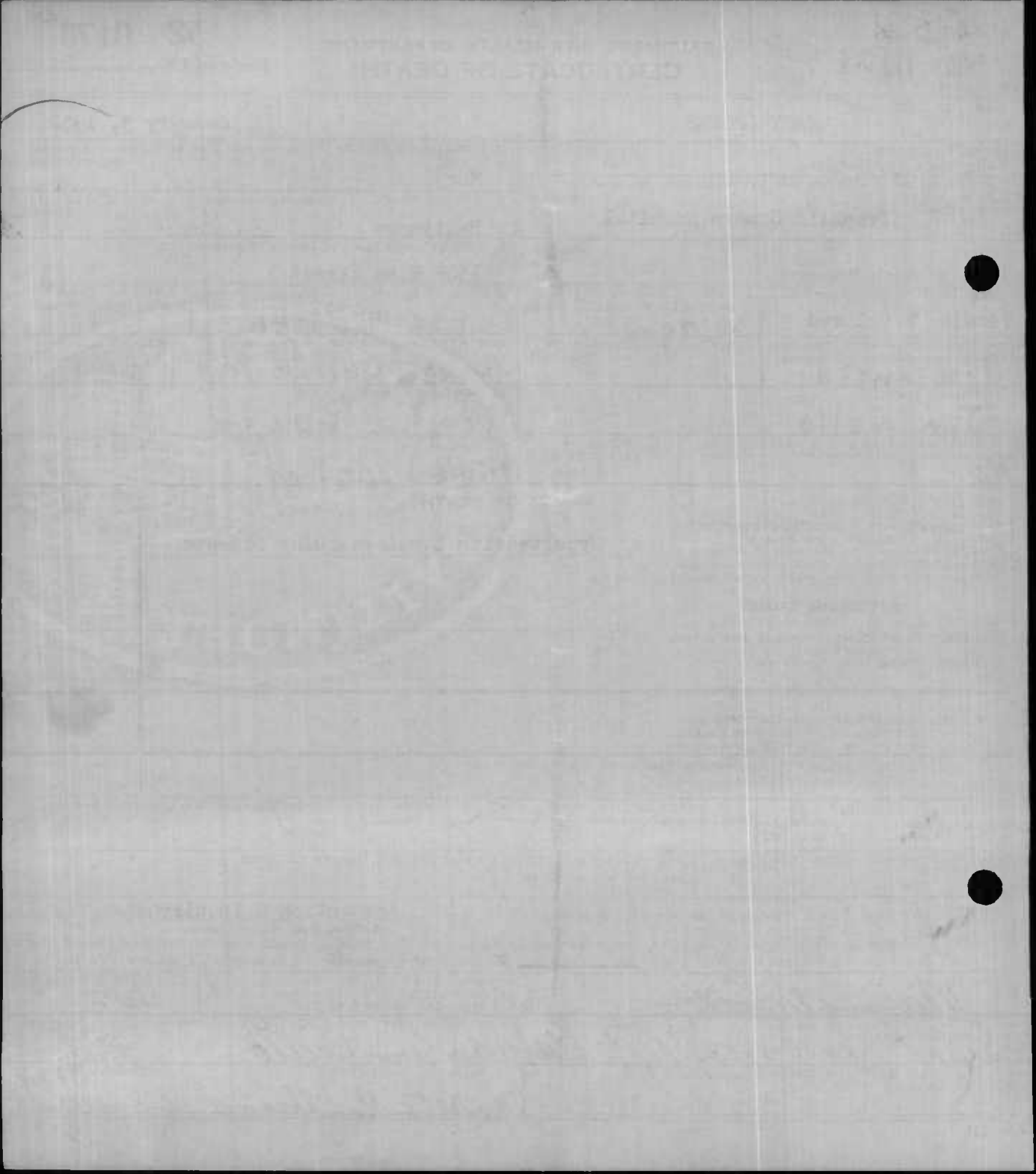
*Mrs. Katie R. Williams*

ADDRESS

*322 N. Schwedens St*



J-520 52 0173		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 0173 Registered No.	
1. NAME OF DECEASED (Type or Print)		MARY JONES		2. DATE OF DEATH January 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		19-02	
D. STREET ADDRESS (If rural, give location) 1508 Vine Street		E. Length of stay in Baltimore Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 30, 1905	9. AGE (In years last birthday) 46	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Prince Geo. Co. Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jim Wells		14. MOTHER'S MAIDEN NAME Martha Robinson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Willie Lunsford		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease (A) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Lunsford		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D.		23C. DATE SIGNED 1/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1-10-1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	24D. LOCATION (City, town, or county) (State) Baltimore Md.		
DATE RECEIVED BY LOCAL REGISTRAR 1-10-52		REGISTRAR'S SIGNATURE Mr. Kate B. Williams		25. FUNERAL DIRECTOR ADDRESS 322 N. Schroeder St.	



- 530  
52 0174BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0174

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Lady Smoot</i>		2. DATE OF DEATH <i>Jan 7 1952</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>4912 E Federal St</i>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto</i>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>4912 E Federal St</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
7. STREET ADDRESS (If rural, give location) <i>4912 E Federal St</i>		8. DATE OF BIRTH <i>July 14 1887</i>	
9. SEX <i>Female</i>		10. AGE (in years; last birthday) <i>64</i>	
11. COLOR OR RACE <i>White</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		14. BIRTHPLACE (State or foreign country) <i>West Virginia</i>	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		16. MOTHER'S MAIDEN NAME <i>Elizabeth Loos</i>	
17. FATHER'S NAME <i>Robert Croddy</i>		18. INFORMANT <i>Edward Smoot</i>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
21. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Squamous cell carcinoma of oral cavity</i> DUE TO (B) _____ (C) _____		22. INTERVAL BETWEEN ONSET AND DEATH <i>16 months</i>	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
24. DATE OF OPERATION <i>0</i>		25. MAJOR FINDINGS OF OPERATION	
26. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
27. ACCIDENT, SUICIDE, HOMICIDE (Specify)		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
30. TIME (Month) (Day) (Year) (Hour) OF INJURY		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. HOW DID INJURY OCCUR?			
33. I hereby certify that I attended the deceased from <i>May 9</i> , 1950, to <i>Jan 8</i> , 1952, that I last saw the deceased alive on <i>Jan 8</i> , 1952, and that death occurred at <i>3:23 a.m.</i> , from the causes and on the date stated above.			
34. SIGNATURE <i>Frederick L. Santee</i>		35. ADDRESS <i>5200 Wright Ave</i>	
36. DATE SIGNED <i>Jan 8, 1952</i>			
37. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		38. DATE <i>1-11-52</i>	
39. NAME OF CEMETERY OR CREMATORY <i>Bedon Wood</i>		40. LOCATION (City, town, or county) <i>Roanoke Rapids, N.C.</i>	
41. DATE RECEIVED BY LOCAL REGISTRAR <i>Jan 8 - 1952</i>		42. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
43. FUNERAL DIRECTOR <i>Hempfenkugel</i>		44. ADDRESS <i>4905 York Road</i>	

28 OCT 1954

CENTRAL INTELLIGENCE AGENCY

28 OCT 1954

TO: DIRECTOR, CENTRAL INTELLIGENCE AGENCY  
FROM: SAC, NEW YORK (100-100000)  
SUBJECT: [Illegible]  
[The remainder of the document contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]



2 0175  
623

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0175

Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
JOHN A. WRIGHT		Jan. 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE	
Johns Hopkins Hospital		Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		B. COUNTY	
Baltimore		6-04	
D. STREET ADDRESS (If rural, give location)		1834 Orleans Street	
E. Length of stay in Baltimore		8. DATE OF BIRTH	
Life time		4/13/06	
F. SEX		9. AGE (In years last birthday)	
male		45	
G. COLOR OR RACE		10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
colored		Divorced	
H. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		I. BIRTHPLACE (State or foreign country)	
Chauffeur		A. A. Co. Md	
J. FATHER'S NAME		K. CITIZEN OF WHAT COUNTRY?	
Samuel Wright		U.S.A.	
L. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		M. MOTHER'S MAIDEN NAME	
No		Fattie Wright	
N. SOCIAL SECURITY NO.		O. INFORMANT	
		Helen Wright	
		ADDRESS	
		2847 N. Spring St	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Bullet wound of chest			
DUE TO			
B. ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(B)			
DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		home		1834 Orleans Street	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
Jan 6, 1952-about 7:45P.m.		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		Firearms	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER		23C. DATE SIGNED	
Stanley B. Duncanson		ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		Jan. 7, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Jan 12-1952		Mt Calvary Cemetery	
24D. LOCATION (City, town, or county)		25. FUNERAL DIRECTOR		ADDRESS	
A. A. Co. Md		Huntington Williams		1515 McElroy St	
DATE RECEIVED BY LOCAL REGISTRAR		JAN 8 - 1952		N 862.2	
VS 151		68352		166	

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STAGE 1



420  
52 0176

52 0176

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>John Ellis</i>			2. DATE OF DEATH <i>1/8/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>md.</i> B. COUNTY					
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>27-44</i>					
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3110 Evergreen</i>					
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. (SINGLE) MARRIED, WIDOWED, DIVORCED (Specify) <i>S</i>	8. DATE OF BIRTH <i>9 Dec 1903</i>		9. AGE (In years, last birthday) <i>48</i>	If Under 1 Year Months: Days		If Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Plumber</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Balti City</i>			11. BIRTHPLACE (State or foreign country) <i>Penna.</i>		
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			13. FATHER'S NAME <i>Evan Ellis</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Williams</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>			16. SOCIAL SECURITY NO.			17. INFORMANT <i>Mr Robert Ellis, 3110 Evergreen</i>		
18. <i>162x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  DUE TO <i>cerebral metastasis</i>  ANTECEDENT CAUSES  DUE TO <i>lung tumor</i>  DUE TO  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <i>1/2/52</i>			19B. MAJOR FINDINGS OF OPERATION <i>Brain tumor</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) <i>INJURY</i>			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>11/6</i> , 19 <i>52</i> , to <i>1/8</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1/7</i> , 19 <i>52</i> , and that death occurred at <i>1 A</i> m., from the causes and on the date stated above.								
23A. SIGNATURE <i>L. Dale Simmons</i>			23B. ADDRESS <i>Mercy Hospital</i>			23C. DATE SIGNED <i>1/8/52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>1-11-52</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Hallenback</i>		
24D. LOCATION (City, town, or county) <i>W. Pa</i>			24E. FUNERAL DIRECTOR <i>L. J. Ruck</i>			24F. ADDRESS <i>5305 Harford Rd</i>		
DATE RECEIVED BY REGISTRAR <i>AN 8 - 1952</i>			REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>			FUNDING DIRECTOR <i>574 93</i>		

8715

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52 0177

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

William H. J. Walter

2. DATE  
OF  
DEATH

Jan. 7-1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATEMaryland  
Baltimore 9-01FULL NAME OF  
HOSPITAL OR  
INSTITUTION

976 North Hill Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

976 North Hill Road

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 13-1878

9. AGE (In years  
last birthday)

73

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Musician

10b. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

John P. Walter

14. MOTHER'S MAIDEN NAME

Ottillie Hammel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no (no or unknown)

16. SOCIAL  
SECURITY NO.

215-09-1736 Mrs. Olga Walter - 976 North Hill

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)

INJURY

21e. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 4, 1952, to Jan 7, 1952, that I last saw the  
deceased alive on Jan 7, 1952, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE

Charles W. Edwards

M. D.

23b. ADDRESS

2746 The Alameda

23c. DATE SIGNED

8 Jan-52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

1-10-52

24c. NAME OF CEMETERY OR CREMATORY

Maryland Park

24d. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY  
BALTIMORE REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. L. Cook

ADDRESS

5305 Bayford Rd

VS 150

0578M

937

Dr. Edmonds  
746 Alameda

52 0178

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <u>Helen m. [REDACTED] SIMONTON</u>		2. DATE OF DEATH <u>Jan. 7, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>The Gundry Sanitarium, Attd. Baltimore, Md.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>	
6. Length of stay in Baltimore <u>87</u>		D. STREET ADDRESS (If rural, give location) <u>Cecil Apts. 11-04</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>6-17-1863</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Ashbel Simonton</u>		14. MOTHER'S MAIDEN NAME <u>Helen Murdock</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT <u>Mary C. Murdock</u>		ADDRESS <u>613 Cathedral St., Baltimore, Md.</u>	

18. 331X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral hemorrhage7 hours

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis, general + cerebralyears

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) \_\_\_\_\_

19A. DATE OF OPERATION <u>6</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec. 29</u> , 1951, to <u>Jan. 7</u> , 1952, that I last saw the deceased alive on <u>Jan 7</u> , 1952, and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Walter K. Gundy</u>		23B. ADDRESS M. D. <u>The Gundry Sanitarium, Attd. Baltimore, Md.</u>		23C. DATE SIGNED <u>1-7-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>1-9-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>GREEN MOUNT</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 8 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		24D. LOCATION (City, town, or county) (State) <u>BALTIMORE, Md.</u>	
25. FUNERAL DIRECTOR <u>John O. Mitchell</u>		ADDRESS <u>1900 Eutaw Place</u>			



no. 1000

1000

1000

1000

460  
52 0179BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0179  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Alice Miller

2. DATE  
OF  
DEATH

January 5-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

University Hosp

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONBaltimore Md  
University Hospital

C. Length of stay in Baltimore

20 Days

D. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

White

Married

10A. USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR  
INDUSTRY

3. FATHER'S NAME

Jacob Rusehak

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

8. DATE OF BIRTH

Dec 14-1911

9. AGE (in years  
last birthday)

40

11 Under 1 Year  
Months: Days: Hours: Min.

21

11. BIRTHPLACE (State or foreign country)

Scranton Pa

12. CITIZEN OF  
WHAT COUNTRY?

Yes

14. MOTHER'S MAIDEN NAME

unknown

18. DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) DUE TO

Massive Pulmonary embolism

(B) DUE TO

Thrombophlebitis, multiple abscess  
of kidney & pelvis  
venous stasis, bed rest, debility

(C)

INTERVAL BETWEEN  
ONSET AND DEATHdied  
immediately20 hrs.  
18 daysII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.non functional left kidney, carcinomatous  
metastasis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., is or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1951, to Jan. 5, 1952, that I last saw the  
deceased alive on Jan. 5, 1952, and that death occurred at 11:15 P m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Brown, M.D.

23B. ADDRESS

Home Hospital Balto

23C. DATE SIGNED

1/5/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Jan 9-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery Ritchie Highway G &amp; Co Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

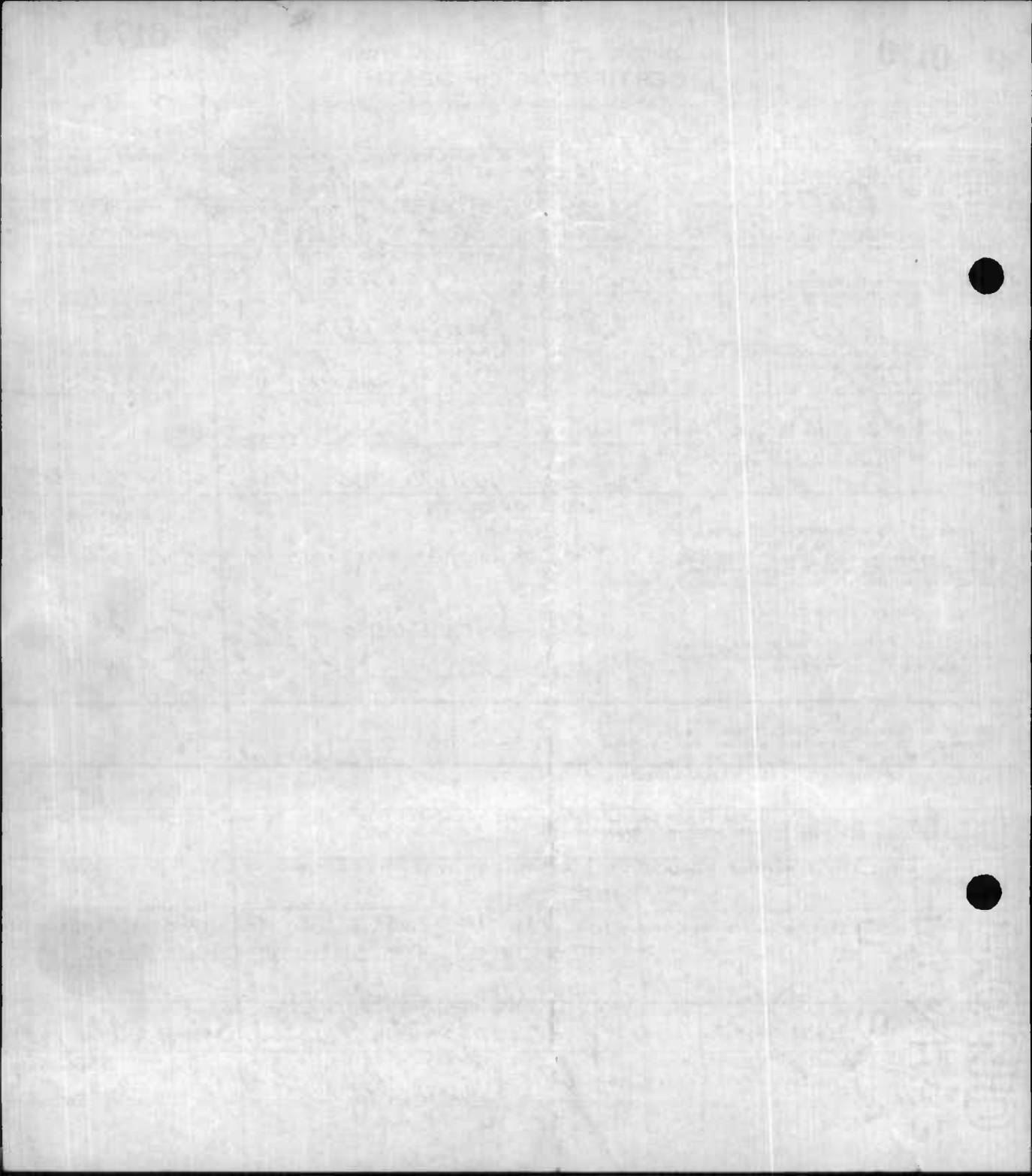
25. FUNERAL DIRECTOR

Bernard G Frank 417 Cram Highway  
Beltzville Md

VS 150

19520000

52a



230  
52 0180BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0180  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JAMES V. MC ATTEE

2. DATE  
OF  
DEATH January 7, 19523. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Cordova Road &amp; Belvedere Avenue

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX  
Male6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY  
Nutritional Raising

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years  
last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

18. 322.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute alcoholism

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Exposure to cold

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)  
Lot21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

Cordova Road &amp; Belvedere Avenue

21D. TIME (Month) (Day) (Year) (Hour)  
of INJURY

Fnd: Jan. 7, 1952 5:10P.

21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☒  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

Exposure to cold while intoxicated

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 8, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

AN 8-1952

VS 151

3908M

77c

0610 58

STATIONARY

0610 58

52 0181

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0181

Registered No.

BIRTH NO. H 12051-13928

1. NAME OF DECEASED  
(Type or Print)

JOSEPH B. HEEPS

2. DATE  
OF  
DEATH

Jan. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Baltimore City Hospitals

Yrs.  
Mos.  
Days

e. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

INFANT.

13. FATHER'S NAME

BARRY HEAPS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or date of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

MAY 16, 1952

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

7

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

HELEN McDERMOTT

17. INFORMANT

BARRY HEAPS

ADDRESS

SAME

18. 500X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Acute bronchitis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Bronchopneumonia

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....23c. DATE SIGNED  
Jan. 7, 195224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

1-9-52

ST. PETERS CEM.

1300 MORELAND AVE.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

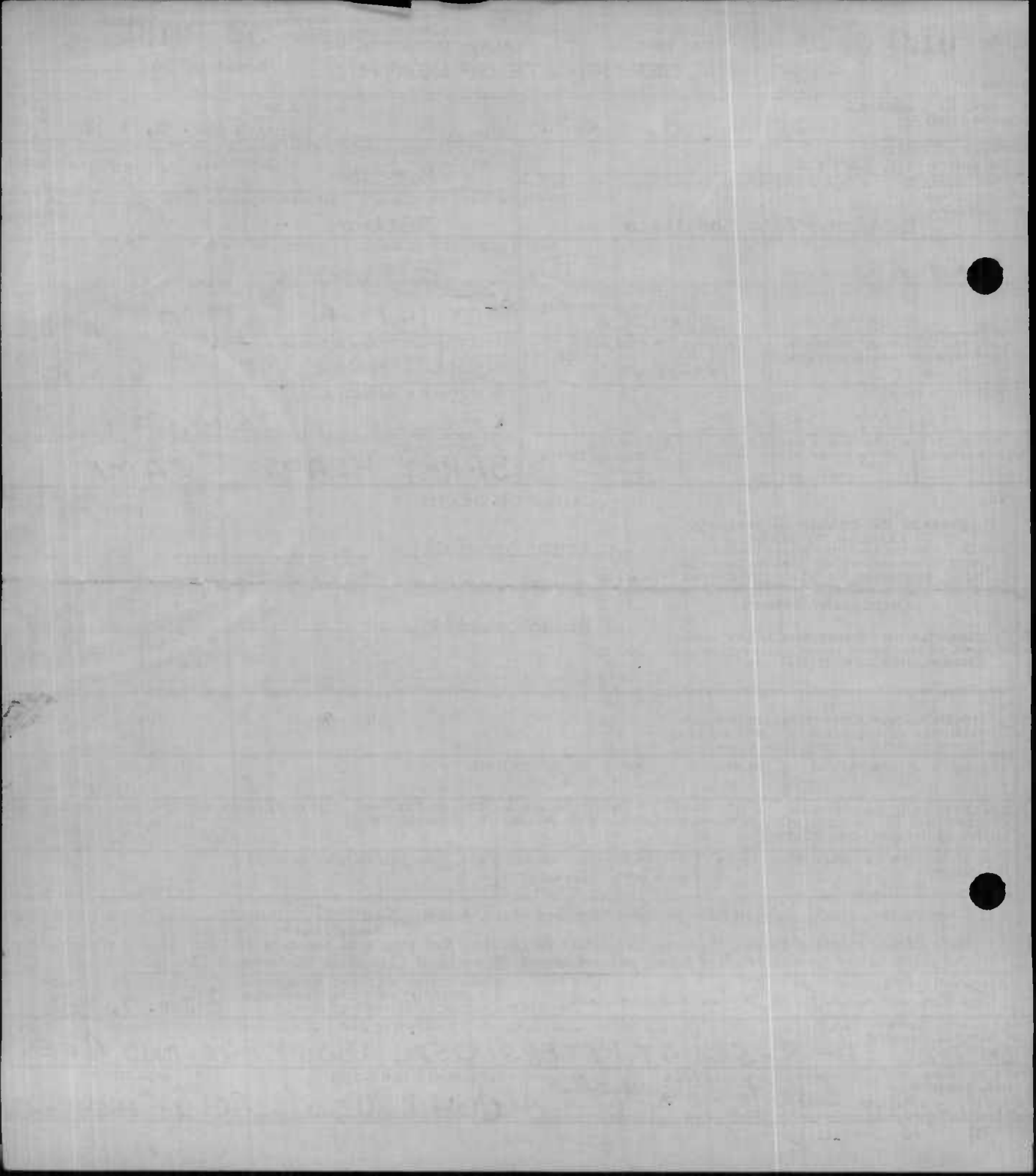
JAN 9-1952

129 E 200

Charles S. Ziller 901 S. CONKLING ST.

VS 151

107





52 0182

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0182

Registered No.

BIRTH NO. B-650

1. NAME OF DECEASED  
(Type or Print)

OSCAR

M

BROWN.

Oscar M.

BROWN

2. DATE  
OF  
DEATH

JAN 7 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1701 EUTAW ST

14-01

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb 27/1877

9. AGE (in years last birthday)

74

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Jewelry

11. BIRTHPLACE (State or foreign country)

Balt Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Sol Brown

14. MOTHER'S MAIDEN NAME

EVA FRIEDENRICH

Eva Friedenrich

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-034058

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 4.20.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO  
(C)

Arteriosclerosis

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-6-1952 to 1-7-1952, that I last saw the deceased alive on 1-7-1952, and that death occurred at 12:59 p.m., from the causes and on the date stated above.

23. SIGNATURE

Richard Hahn / Donald H. Walker

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

1/9/1952 Balt Hebron

Belair Rd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1952

1/9/1952

J. J. Rogers Co

7437 Kenton Rd

VS 150

JAN 9 - 1952

490 68

94a

MEDICAL CERTIFICATION

Presidential Information  
Administration

2-18-11

*[Faint handwritten notes at the bottom of the page]*

52 0183

52 0183

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print) *Eva Kuchesky*

2. DATE OF DEATH *Jan. 8, 1952*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)  
A. STATE \_\_\_\_\_ B. COUNTY *W-48*

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION *JOHNS HOPKINS HOSPITAL*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
*Washington D. C.*

7. STREET ADDRESS (If rural, give location)  
*1320 21st St. N.W.*

8. Length of stay in Baltimore

9. SEX *female*

10. COLOR OR RACE *white*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH *12-4-04*

13. AGE (in years last birthday) *47*

14. If Under 1 Year Months: Days Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
*Government Clerk*

16. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country) *Ta*

18. CITIZEN OF WHAT COUNTRY?

19. FATHER'S NAME *August Kuchesky*

20. MOTHER'S MAIDEN NAME *Eva Miller*

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
*no*

22. SOCIAL SECURITY NO. *577-38-032*

23. INFORMANT ADDRESS *JOHNS HOPKINS HOSPITAL*

18. *59-2 X I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphensia, etc. It means the disease, injury or complication which caused death.)

(A) *Themia*

DUE TO

ANTECEDENT CAUSES

(B) *Hypertensive Cardiovascular Disease*

DUE TO

(C) *Glomerulonephritis, chronic*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED  
WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *12/17* 19*51*, to *1/8* 19*52*, that I last saw the deceased alive on *1/8* 19*52*, and that death occurred at *7:45* m., from the causes and on the date stated above.

23A. SIGNATURE *Norman E. Shaver* M. D.

23B. ADDRESS *JOHNS HOPKINS HOSPITAL*

23C. DATE SIGNED *1-8-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *1-10-52*

24C. NAME OF CEMETERY OR CREMATORY *Wash. Allied*

24D. LOCATION (City, town, or county) (State) *Washington, D.C.*

DATE RECEIVED BY LOCAL REGISTRAR *JAN 9 - 1952*

REGISTRAR'S SIGNATURE *Huntington Williams, M.D.*

25. FUNERAL DIRECTOR *Francis J. Collins*

ADDRESS *3821-14th St. N.W.*

RECEIVED  
JUN 20 10 30 AM '68

57-9-1 100-2-10-1 100-2-10-1 3-10-1

100-2-10-1 100-2-10-1 100-2-10-1 100-2-10-1

52 0184

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered

BIRTH NO. 51-23176

1. NAME OF DECEASED  
(Type or Print)

Rhonda Lusk

2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Sindi Hospital

C. Length of stay in Baltimore

3 Months.  
2 days.Yrs.  
Mos.  
Days

D. SEX

female

E. COLOR OR RACE

white

F. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

single

G. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)H. KIND OF BUSINESS OR  
INDUSTRY

I. FATHER'S NAME

Robert Lusk.

J. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

K. SOCIAL  
SECURITY NO.

L. DATE OF BIRTH

10/4/51

M. AGE (In years  
last birthday)N. Under 1 Year  
Months Days  
3 3

O. BIRTHPLACE (State or foreign country)

Baltimore Md.

P. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

Q. MOTHER'S MAIDEN NAME

Verda Smith.

R. INFORMANT

ADDRESS

Nathan Viskin MD

Sindi Hospital

18. 344.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hydrocephalus.

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

2 mos

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/4/51, 19, to 1/7/52, 19, that I last saw the  
deceased alive on 1/7/52, 19, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Viskin

M. D.

23B. ADDRESS

Sindi Hospital

23C. DATE SIGNED

1/7/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

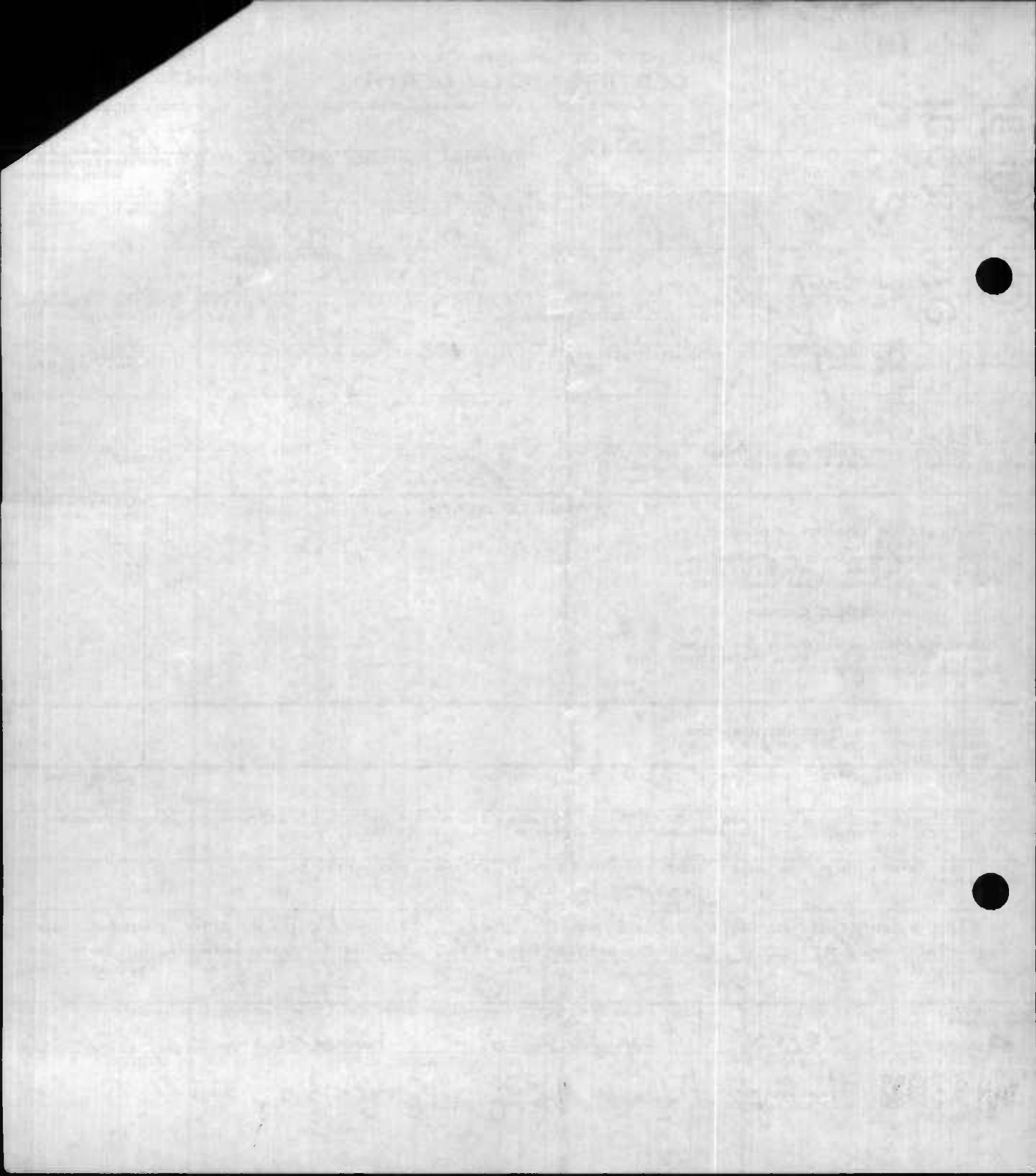
25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS





52 0185

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0185

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frank James Murphy

2. DATE  
OF  
DEATH

1/8/52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Harford

5. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN

Havre de Grace

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

St. John + Greene sts.

Length of stay in Baltimore

1 mo  
9 days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
occupation during most of working life, even if retired)

Restaurant Supervisor

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Timothy Murphy

14. MOTHER'S MAIDEN NAME

Eileen Shea

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Louis Murphy

Same

18. 584X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Pulmonary embolism

? days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Pyelophlebitis

? days

DUE TO

(C) Cholelithiasis

?

11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerotic heart disease  
Benign prostatic hypertrophy? years  
? years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐ NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 11/29/51, 19, to 1/8/52, 19, that I last saw the  
deceased alive on 1/8/52, 19, and that death occurred at 9:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS

Union Memorial Hospital  
Baltimore 18, Maryland

23C. DATE SIGNED

Jan 8, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1-11-52

Int. Erin

Havre de Grace Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1952

Huntington Williams, M.D.

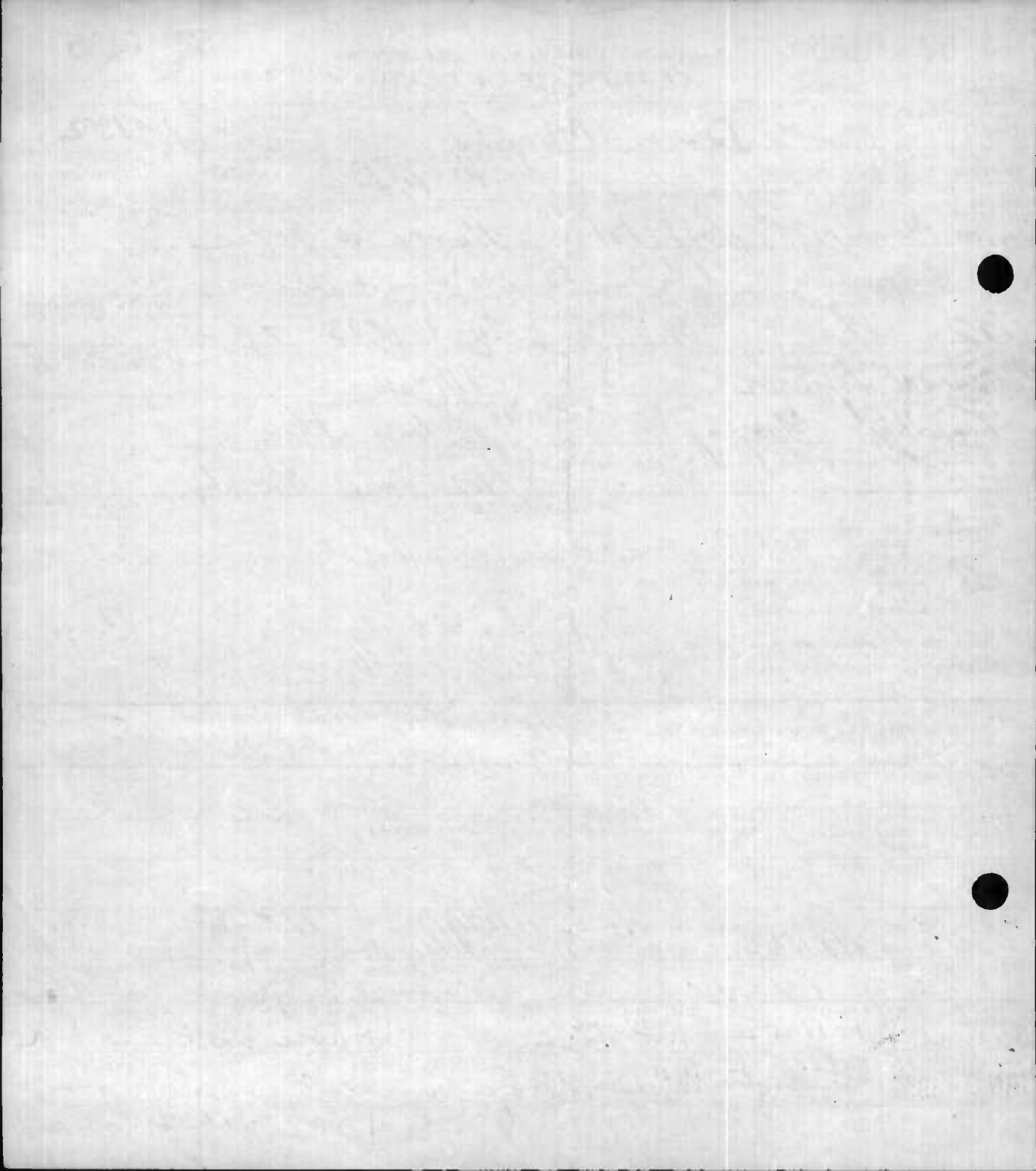
Pennington + Son

VS 150

Havre de Grace Md

93D





515 52 0186 BALTIMORE CITY HEALTH DEPARTMENT 52 0186

CERTIFICATE OF DEATH Registered No. \_\_\_\_\_

BIRTH NO. 52-01108

1. NAME OF DECEASED (Type or Print) Baby Girl Campion

2. DATE OF DEATH 1-7-52

3. PLACE OF DEATH: A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital

6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 20-04

7. SEX Female 8. COLOR OR RACE White 9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10a. 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13

14. MOTHER'S MAIDEN NAME Michaelis

15. FATHER'S NAME Edward W. Campion Jr.

16. SOCIAL SECURITY NO. 17. INFORMANT Edw. W. Campion Jr. 18. ADDRESS 2148 Bay Rd. N.

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hydrops Fetalis DUE TO

II ANTECEDENT CAUSES

(B) Erythroblastosis DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 1952 to 1-7, 1952, that I last saw the deceased alive on 1-7, 1952, and that death occurred at 3:39 AM., from the causes and on the date stated above.

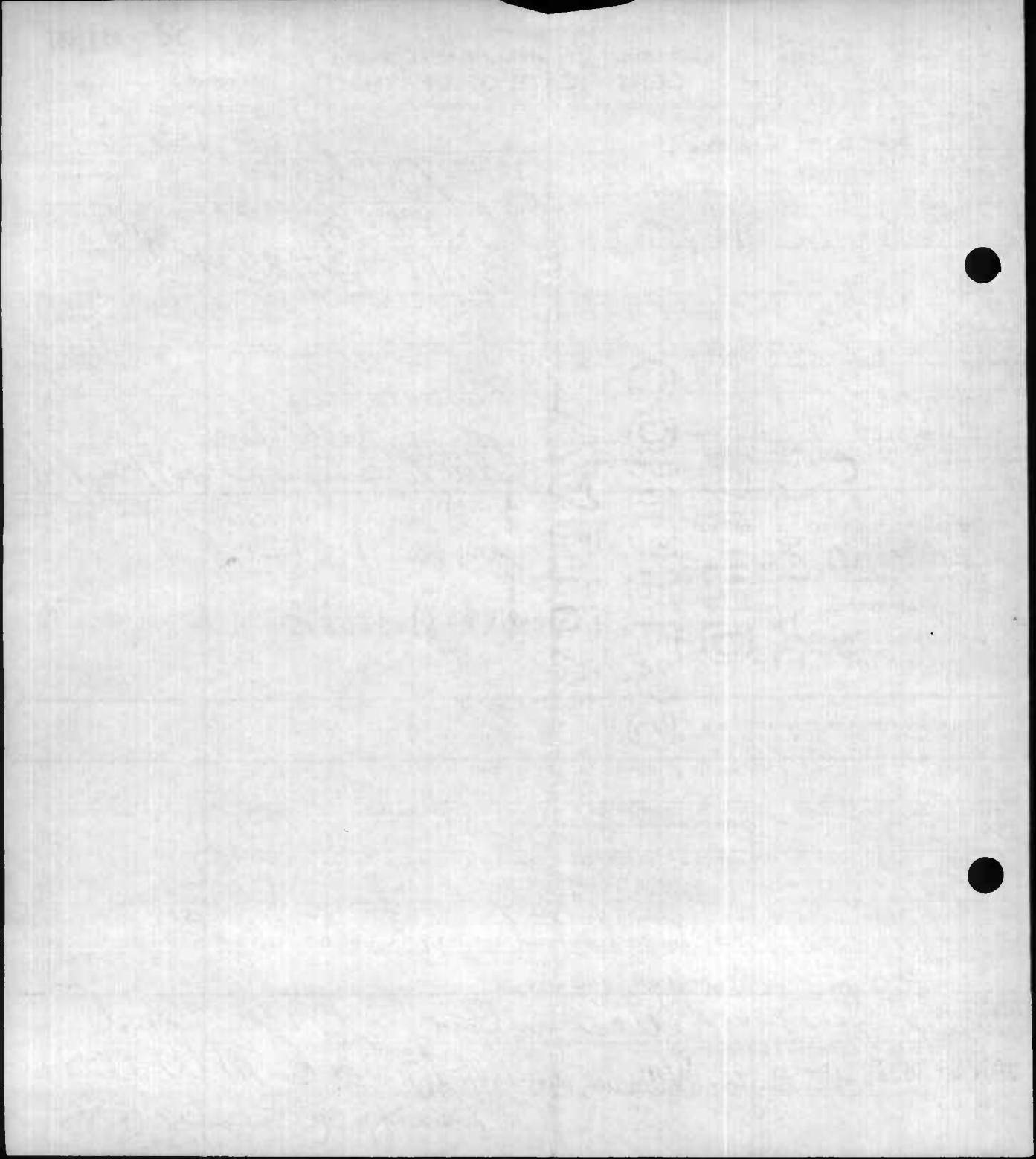
23a. SIGNATURE M. J. Hunter M. D. 23b. ADDRESS 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE Jan 9-1952 24c. NAME OF CEMETERY OR CREMATORY Western Cemetery 24d. LOCATION (City, town, or county) (State) Baltimore Md

DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR 26. ADDRESS

JAN 9-1952 Huntington Williams, M.D. 25. B. M. Walters 26. Prather & Stricker, N.Y. 161c

VS 150



00  
52 0187BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

52 0187

BIRTH NO. \_\_\_\_\_

NAME OF DECEASED  
(Type or Print)

EDITH M. LANE

2. DATE  
OF  
DEATH

1-7-52

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

MD.

FULL NAME OF (If not in hospital or institution, give street address or  
location)HOSPITAL OR  
INSTITUTION

2203 ELSINOR AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

BALTIMORE 15-48

D. STREET ADDRESS (If rural, give location)

2203 ELSINOR AVE.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1-5-1879

9. AGE (In years  
last birthday)

73

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

HOUSEKEEPER

SELF-HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

JOHN McMULLEN

14. MOTHER'S MAIDEN NAME

MARGARET TRICC

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

E. Walter Lane - 2203 Elsinor Ave.

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) ...

Congestive Heart Failure

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(B) ...

Chronic Myocardial Insufficiency, 5 yrs

DUE TO

(C) ...

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Asthma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1951, to Jan. 7, 1952 that I last saw the  
deceased alive on Jan. 6, 1952 and that death occurred at 2:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Maurice E. Shames M. D.3300 W. North Ave.1-8-5224A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial1-9-52St. Olives Cem.BaltimoreMD.DATE RECEIVED BY  
REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.Seay & Son, 700 E. Fayette St.

VS 150

937

Chronic pain management  
Opioid management

FOUNTAIN

Chronic pain management

WATER

1-5-22  
Spec 11  
1-5-22

Spec 11  
1-5-22

255  
52 0188

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0188

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) JAMES H. JOHNSON

2. DATE OF DEATH 1-5-52

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE MARYLAND  
B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT HOSPITAL & FREE DISPENSARY

6. CITY OR TOWN BALTIMORE

7. STREET ADDRESS (If rural, give location) 843 W. FRANKLIN 17-03

8. Length of stay in Baltimore 40

9. SEX MALE

10. COLOR OR RACE NEGRO

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED

12. DATE OF BIRTH ? 1870

13. AGE (In years last birthday) 81

14. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUTLER

16. KIND OF BUSINESS OR INDUSTRY

17. BIRTHPLACE (State or foreign country) CAROLINE COUNTY, VA.

18. CITIZEN OF WHAT COUNTRY? USA

19. FATHER'S NAME Joshica Johnson

20. MOTHER'S MAIDEN NAME Carolina Taylor

21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO

22. SOCIAL SECURITY NO.

23. INFORMANT ADDRESS MRS. GIBSON BALT., MD.

24. CAUSE OF DEATH

25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

26. ANTECEDENT CAUSES

27. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

29. DATE OF OPERATION 0

30. MAJOR FINDINGS OF OPERATION

31. AUTOPSY? YES ☐ NO ☒

32. ACCIDENT, SUICIDE, HOMICIDE (Specify)

33. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

34. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

35. TIME (Month) (Day) (Year) (Hour) INJURY

36. INJURY OCCURRED

37. HOW DID INJURY OCCUR?

38. I hereby certify that I attended the deceased from 1-5-1952 to 1-5-1952 that I last saw the deceased alive on 1-5-1952, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

39. SIGNATURE 23b. ADDRESS 23c. DATE SIGNED

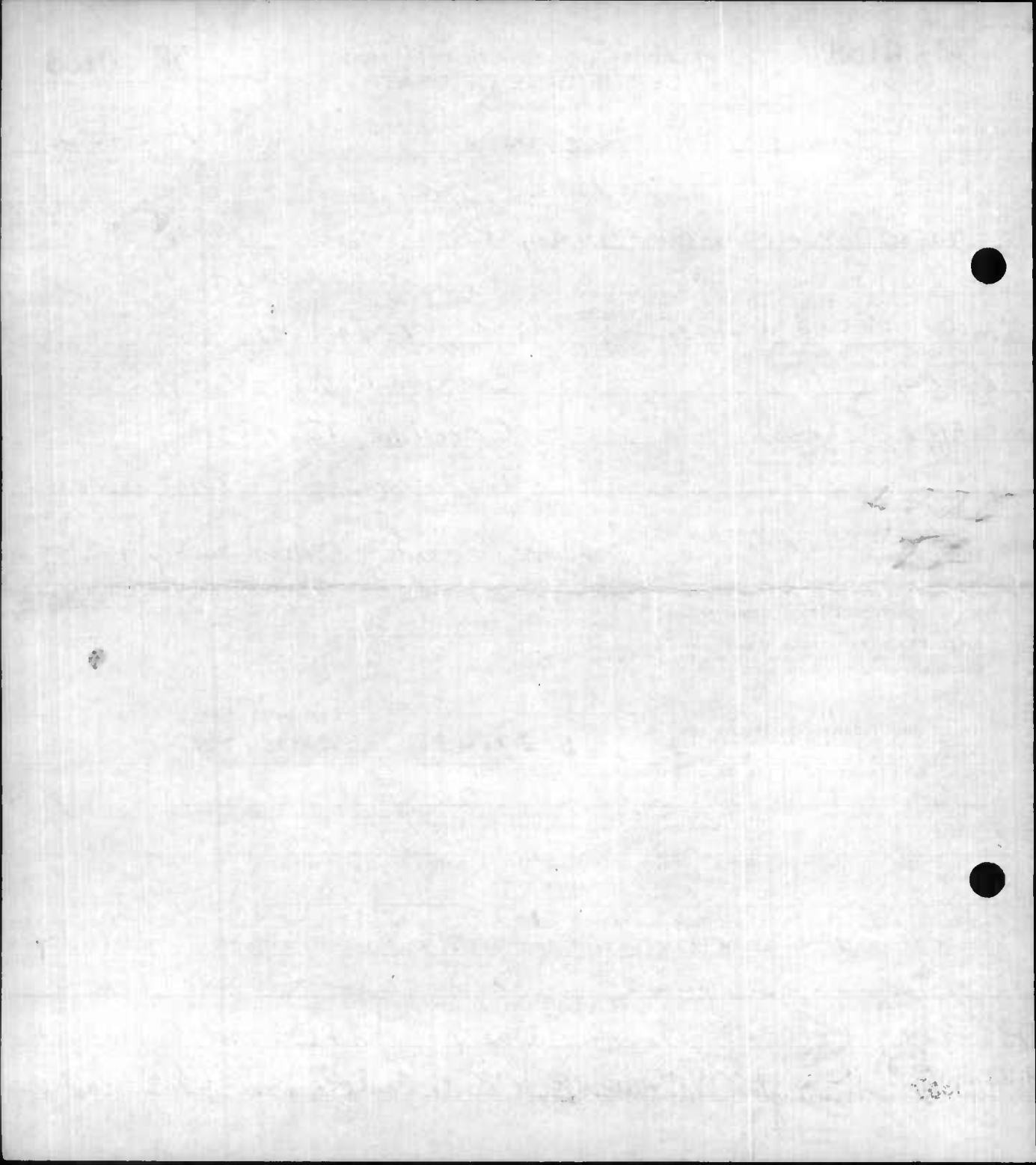
40. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)

41. DATE RECEIVED BY LOCAL REGISTRAR 24b. REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

42. VS 150

43. 94a







452  
52 0189BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0189  
Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Susie Ella Williams

2. DATE  
OF  
DEATH

Jan. 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1926 N. Monroe St.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

35 yrs.

5. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 8, 1884

9. AGE (In years,  
last birthday)

68

If Under 1 Year  
Months: Days  
If Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Richmond, Va

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Andrew Williams

14. MOTHER'S MAIDEN NAME

Ella

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or (unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

1926 N. Monroe St.

18. 760 X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Myocarditis

INTERVAL BETWEEN  
ONSET AND DEATH

Unknown

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Atherosclerosis

Unknown

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Diabetes mellitus

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30-51, to 1-7-52 that I last saw the  
deceased alive on 12-6-52 and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Frank A. Saunders M. D.

1029 N. Strayer St.

1-8-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Jan. 11, 1952

Mt. Auburn

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

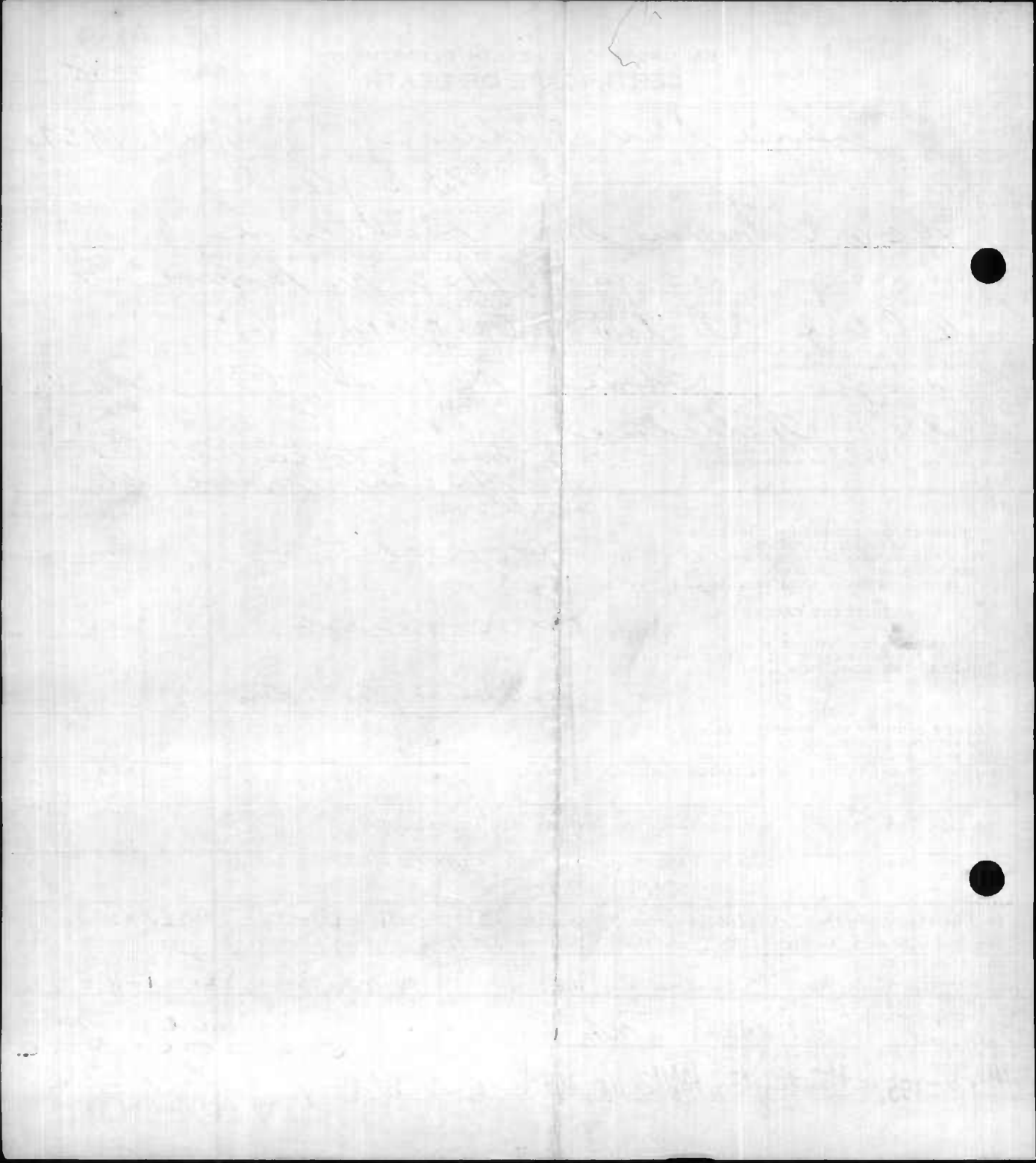
REGISTRAR'S SIGNATURE

125 N. E. 1st St. Baltimore, Md.

JAN 9 - 1952

Huntington Williams, M.D.

651 8th St. Hill Ave.



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

JAMES HENRY BENNETT

2. DATE  
OF  
DEATH

1-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md - Balts.

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore Md

D. STREET ADDRESS (If rural, give location)

628 BRICE ST

16-04

B. FULL NAME OF HOSPITAL OR INSTITUTION

BAR-WIL-BACON HOME

C. Length of stay in Baltimore

40

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

MARRIED

11. BIRTHPLACE (State or foreign country)

Rheobeth, Ala.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Bennett

14. MOTHER'S MAIDEN NAME

Laura Maryland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

217-09-0601

17. INFORMANT

ADDRESS

E. W. Lilly - 2101 W. Gold Spring

18. 163X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Jan 4 1952

Rt Lung removed

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office hldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21A. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1952, Jan 5, 1952, that I last saw the deceased alive on Jan 5, 1952, and that death occurred at 3P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. R. Johnson

M. D.

403 Med arts Bldg

1-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-9-52

Mt. Calvary

Cedar Hill Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1952

Huntington Williams, M.D.

W. H. Habetz - 918 - Lincoln Hill Ave

47D

Institution Patient. Treated by Dr. Jackson

STATE OF NEW YORK  
OFFICE OF THE COMPTROLLER

REPORT OF THE COMPTROLLER  
FOR THE YEAR 1900

ALBANY: J.B. LIPPINCOTT & CO.  
1901

PRINTED BY J.B. LIPPINCOTT & CO.  
ALBANY, N.Y.

RECEIVED BY THE COMPTROLLER  
JAN 1 1901

OFFICE OF THE COMPTROLLER  
ALBANY, N.Y.

REPORT OF THE COMPTROLLER  
FOR THE YEAR 1900

ALBANY: J.B. LIPPINCOTT & CO.  
1901

PRINTED BY J.B. LIPPINCOTT & CO.  
ALBANY, N.Y.

RECEIVED BY THE COMPTROLLER  
JAN 1 1901

OFFICE OF THE COMPTROLLER  
ALBANY, N.Y.

REPORT OF THE COMPTROLLER  
FOR THE YEAR 1900

ALBANY: J.B. LIPPINCOTT & CO.  
1901

PRINTED BY J.B. LIPPINCOTT & CO.  
ALBANY, N.Y.

RECEIVED BY THE COMPTROLLER  
JAN 1 1901

OFFICE OF THE COMPTROLLER  
ALBANY, N.Y.

52 0191

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0191

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EDNA CANNON CLEMENTS

2. DATE  
OF  
DEATH

Jan. 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Bon Secours Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Pa.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Wilkesbarre

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)  
divorced

8. DATE OF BIRTH

Apr. 5, 1888

9. AGE (in years  
last birthday)

63

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Michael Cannon

14. MOTHER'S MAIDEN NAME

Jane Edwards MacDonald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. John Magee-14 Hillside Rd.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis - mental deficiency

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/14/1951 to 1/7/1952 that I last saw the  
deceased alive on 1/7/1952 and that death occurred at 10:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

D. J. Schroeder

M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

1/7/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

1/11/52

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Cem.

24D. LOCATION (City, town, or county)

Wilkesbarre, Pa.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

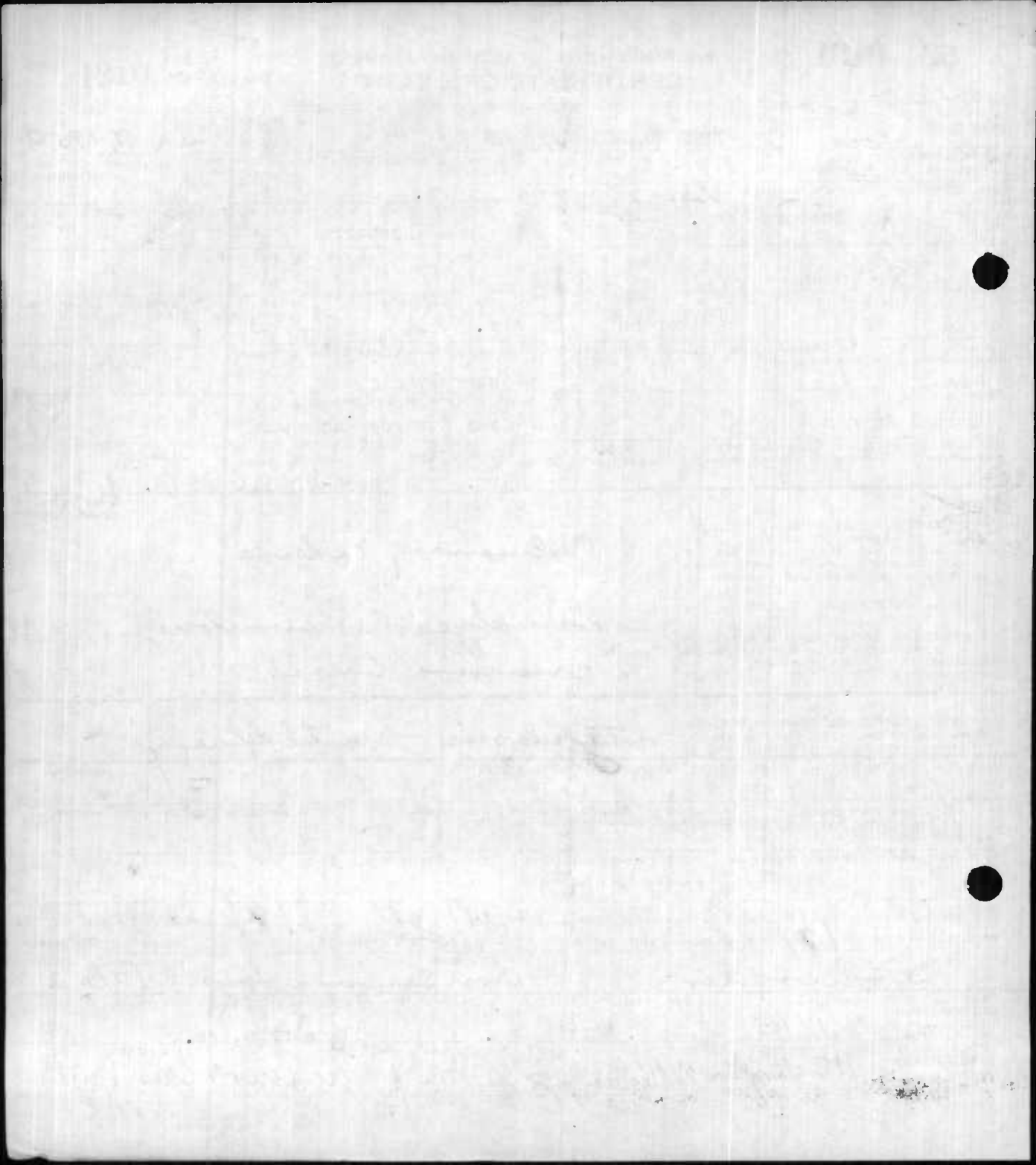
25. FUNERAL DIRECTOR

ADDRESS

J. Fickner & Son - Balto  
Md.

VS 150

50





52 0192

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0192  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH SPENCER WELCH

2. DATE  
OF  
DEATH

Jan. 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

2033 E. 32nd St.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

female

white

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

William Henry Spencer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

June 20, 1859

9. AGE (In years last birthday)

92

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Elizabeth Blake Wailes

17. INFORMANT

ADDRESS

Mrs. Isabel W. Bill - 2033-E.32nd St.

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) PNEUMONIA - Virus  
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) Cardiac failure -  
DUE TO  
(C) Arteriosclerosis -INTERVAL BETWEEN  
ONSET AND DEATH

4 days

4 days

5 years

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-1946, to 1-6-1952, that I last saw the deceased alive on 1-6-1952, and that death occurred at 3:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/9/52

Druid Ridge Cem.

Pikesville, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1952

Huntington Williams, M.D.

Wm. J. Tichenor &amp; Sons

ADDRESS

VS 150

97 Balto Md.



UNITED STATES DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
OFFICE OF PUBLIC HEALTH AND SAFETY

STATE OF NEW YORK  
COUNTY OF NEW YORK

IN SENATE  
JANUARY 14, 1974

REPORT OF THE  
COMMISSIONER OF HEALTH

ON THE  
STATE OF THE HEALTH OF THE PEOPLE OF THE STATE OF NEW YORK

FOR THE YEAR 1973

ALBANY: NEW YORK STATE PRINTING OFFICE, 1974

STATE OF NEW YORK  
COUNTY OF NEW YORK

IN SENATE  
JANUARY 14, 1974

REPORT OF THE  
COMMISSIONER OF HEALTH

120  
52 0193

CERTIFICATE CORRECTED 1-11-52

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0193

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Theradore W. Dubois</i>			2. DATE OF DEATH <i>Jan. 7 '1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Maryland General Hospital</i>			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>					
6. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Rural</i>					
c. Length of stay in Baltimore <i>30 Yrs</i>			D. STREET ADDRESS (If rural, give location) <i>6412 Sherwood Road 5300</i>					
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 6, 1890</i>			9. AGE (In years last birthday) <i>61 60</i>		10 Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Shipment</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Purchasing Dept.</i>			11. BIRTHPLACE (State or foreign country) <i>New York</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Theradore W. Dubois</i>			14. MOTHER'S MAIDEN NAME <i>Cornelia Baldwin</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>unknown</i>		
16. SOCIAL SECURITY NO. <i>213-07-4482</i>			17. INFORMANT <i>Wife</i>			ADDRESS <i>6412 Sherwood Rd. Baltimore Md.</i>		
18. <i>331X</i>			CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <i>Cerebral vascular accident</i> DUE TO					
ANTECEDENT CAUSES			(B) <i>Hypertension</i> DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>✓</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) <i>INJURY</i>			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Dec. 29</i> , 1951, to <i>Jan. 7</i> , 1952, that I last saw the deceased alive on <i>Jan. 7</i> , 1952, and that death occurred at <i>4 P.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>W. C. Bruden</i>			23B. ADDRESS <i>Md. Md. Maryland General Hospital</i>			23C. DATE SIGNED <i>Jan. 7 '52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>			24B. DATE <i>1-10-1951</i>			24C. NAME OF CEMETERY OR CREMATORY <i>MORELAND MEM.</i>		
24D. LOCATION (City, town, or county) <i>BALTO. Co</i>			24E. STATE <i>MD.</i>			24F. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 9 - 1952</i>		
REGISTRAR'S SIGNATURE <i>W. C. Bruden</i>			25. FUNERAL DIRECTOR <i>H. W. JENKINS &amp; SONS Co.</i>			ADDRESS <i>4905 YORK RD</i>		

MEDICAL CERTIFICATION

2A052

83a

12/11/52

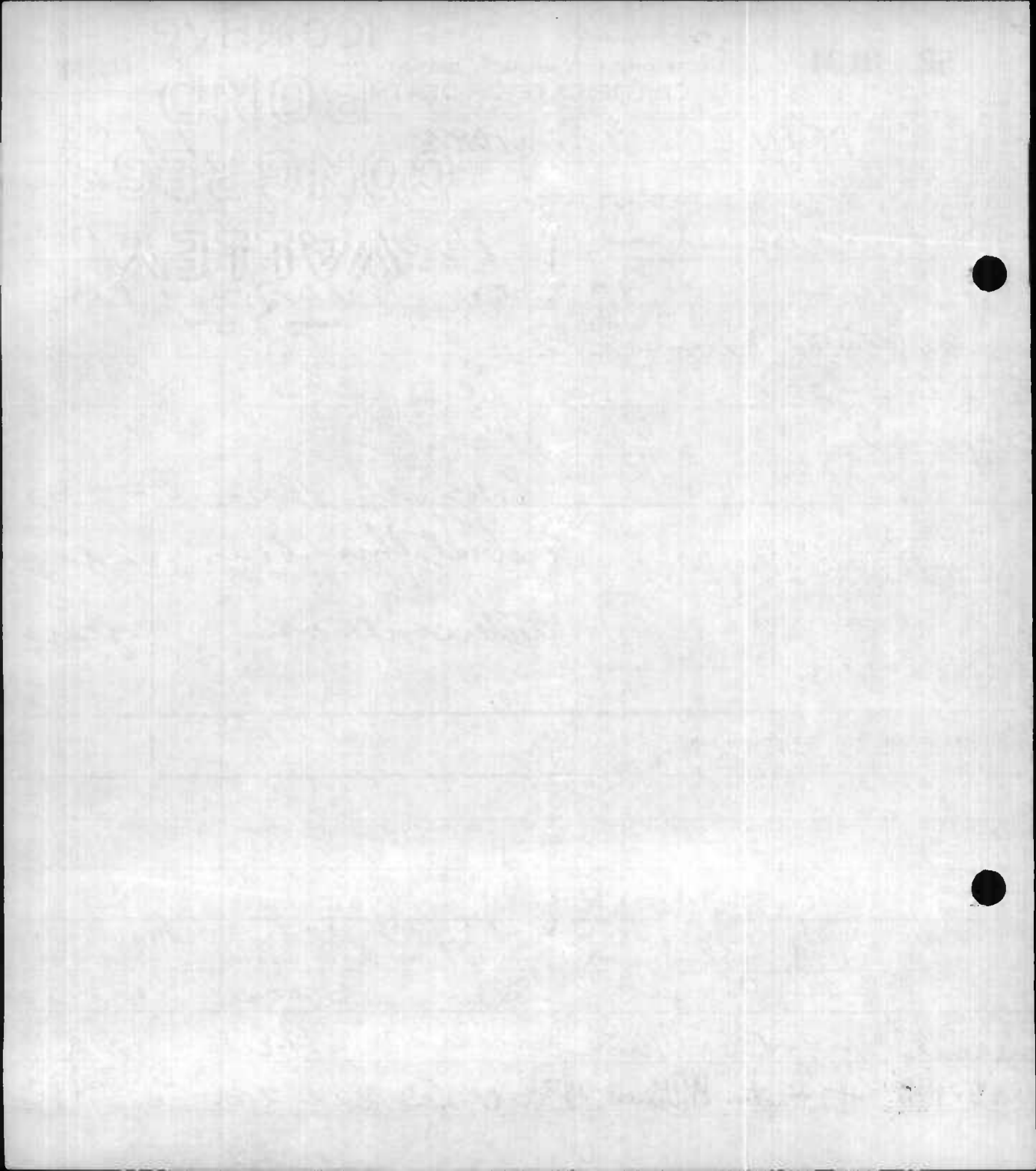
RECEIVED - 12/11/52



56  
52 0194BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0194  
Registered No.

IRTH NO.

1. NAME OF DECEASED (Type or Print) <b>PEARL STEINMORN</b>		2. DATE OF DEATH <b>1-9-52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>13-04</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Levendale</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. LENGTH OF STAY IN BALTIMORE <b>50</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2329 Leestertown Rd</b>	
7. SEX <b>Female</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	10. DATE OF BIRTH <b>7-5</b>
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>House wife</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Symon</b>		14. MOTHER'S MAIDEN NAME <b>Rose</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Ruth Schneider</b>		ADDRESS <b>Same</b>	
18. 33X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral thrombosis</b> DUE TO ANTECEDENT CAUSES <b>arteriosclerosis</b> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>years</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. TIME (Month) (Day) (Year) (Hour) OF INJURY		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
24. HOW DID INJURY OCCUR?			
25. I hereby certify that I attended the deceased from <b>6-17</b> , 19 <b>48</b> , to <b>1-9</b> , 19 <b>52</b> that I last saw the deceased alive on <b>1-9</b> , 19 <b>52</b> , and that death occurred at <b>7</b> a.m., from the causes and on the date stated above.			
26. SIGNATURE <b>Henry Nagel</b> M. D.		27. ADDRESS <b>Levendale Home</b>	
28. DATE SIGNED <b>1-9-52</b>			
29. BURIAL, CREMATION, REMOVAL (Specify) <b>Funeral</b>		30. DATE <b>1-9-52</b>	
31. NAME OF CEMETERY OR CREMATORY <b>Mt Carmel</b>		32. LOCATION (City, town, or county) (State) <b>Balto Md</b>	
33. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 9 - 1952</b>		34. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
35. FUNERAL DIRECTOR <b>Jack Leventhal</b>		36. ADDRESS <b>2100 Easton Pl</b>	



52 0195

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0195  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ROLAND

FURLONG

2. DATE  
OF  
DEATH

1-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

433 Hornell Street

E. Length of stay in Baltimore

50 yrs.

5. SEX  
male6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

June 6, 1891

9. AGE (In years  
last birthday)

60

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Crane operator

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Contracting Co.

Virginia

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF  
WHAT COUNTRY?  
USA

13. FATHER'S NAME

William Furlong

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

216-10-1931

17. INFORMANT

433 S. Hornell Street  
Mrs. Mary L. Furlong

18.

331X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley K. Quilley

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☒  
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED  
Jan. 7, 195224A. BURIAL, CREMATION,  
REMOVAL (Specify)

burial

24B. DATE

Jan. 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Walliquis, M.D.

25. FUNERAL DIRECTOR

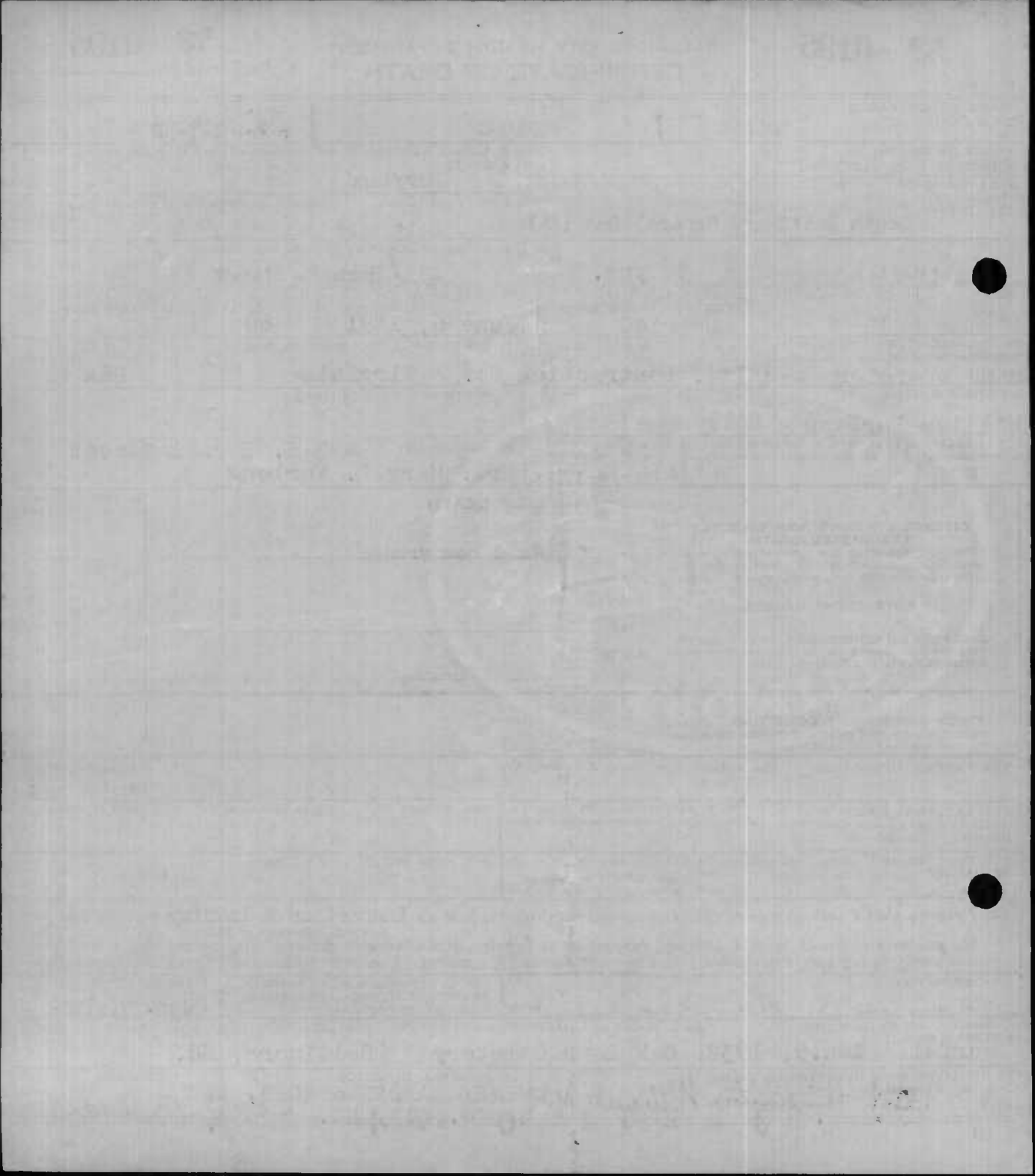
HENRY SANDER &amp; SONS, INC.

BALTO., MD.

ADDRESS

513 240

VS 151





52 0196

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0196  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MILTON BERGEN

2. DATE  
OF DEATH

Jan 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balti City*

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTS

D. STREET ADDRESS (If rural, give location)

3504 Liberty Height ave

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec 15, 1889

9. AGE (In years  
last birthday)

62

10. Under 1 Year  
Months: Days: Hours: Min.

22

10A. USUAL OCCUPATION (Give kind of  
work throughout most of working life, even if retired)

Black

10B. KIND OF BUSINESS OR  
INDUSTRY

Westinghouse

11. BIRTHPLACE (State or foreign country)

Salisbury Md

12. CITIZEN OF  
WHAT COUNTRY?

US

13. FATHER'S NAME

Nathan Bergen

14. MOTHER'S MAIDEN NAME

Julia Kochler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or date of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Anna Bergen 3504 Liberty

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.INTERVAL BETWEEN  
ONSET AND DEATH

Sudden

6 mos

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15<sup>th</sup>, 1951, to Jan 7<sup>th</sup>, 1952, that I last saw the  
deceased alive on Jan 6<sup>th</sup>, 1952, and that death occurred at 7:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1952

Huntington Williams, M.D. David R. Martin 1902 Easton place

VS 150

3903M

94a

MILTON BERKELEY

Dear Sir:  
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the matter of the proposed purchase of the land at the mouth of the River, and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,  
Your obedient servant,  
M. Berkeley

VALLEY

COMMISSIONER

OF THE LANDS

WASHINGTON, D. C.

Very respectfully,  
M. Berkeley

52 0197

OZELLA MOLLAR

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0197  
Registered No.

BIRTH NO.

OZELLA

1. NAME OF DECEASED  
(Type or Print)

Ozella Mollar

2. DATE  
OF  
DEATH

January 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1642 N. Washington St.

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

4-5-12

9. AGE (In years last birthday)

37

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Mollar

14. MOTHER'S MAIDEN NAME

Sarra Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
JOHNS HOPKINS HOSPITAL

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

3. Cerebral vascular accident

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-7, 1952, to 1-7, 1952, that I last saw the deceased alive on 1-7, 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. S. Hing Jr.

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1952

Huntington Williams, M.D.

Joseph A. Locks, Jr. - 1304 N. Central Ave.

VS 150

83a

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

1911

NAME OF DECEASED

AGE

SEX

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of County Clerk

Signature of Town Clerk

Signature of Village Clerk

Signature of Ward Clerk

Signature of Precinct Clerk

Signature of Polling Place Clerk

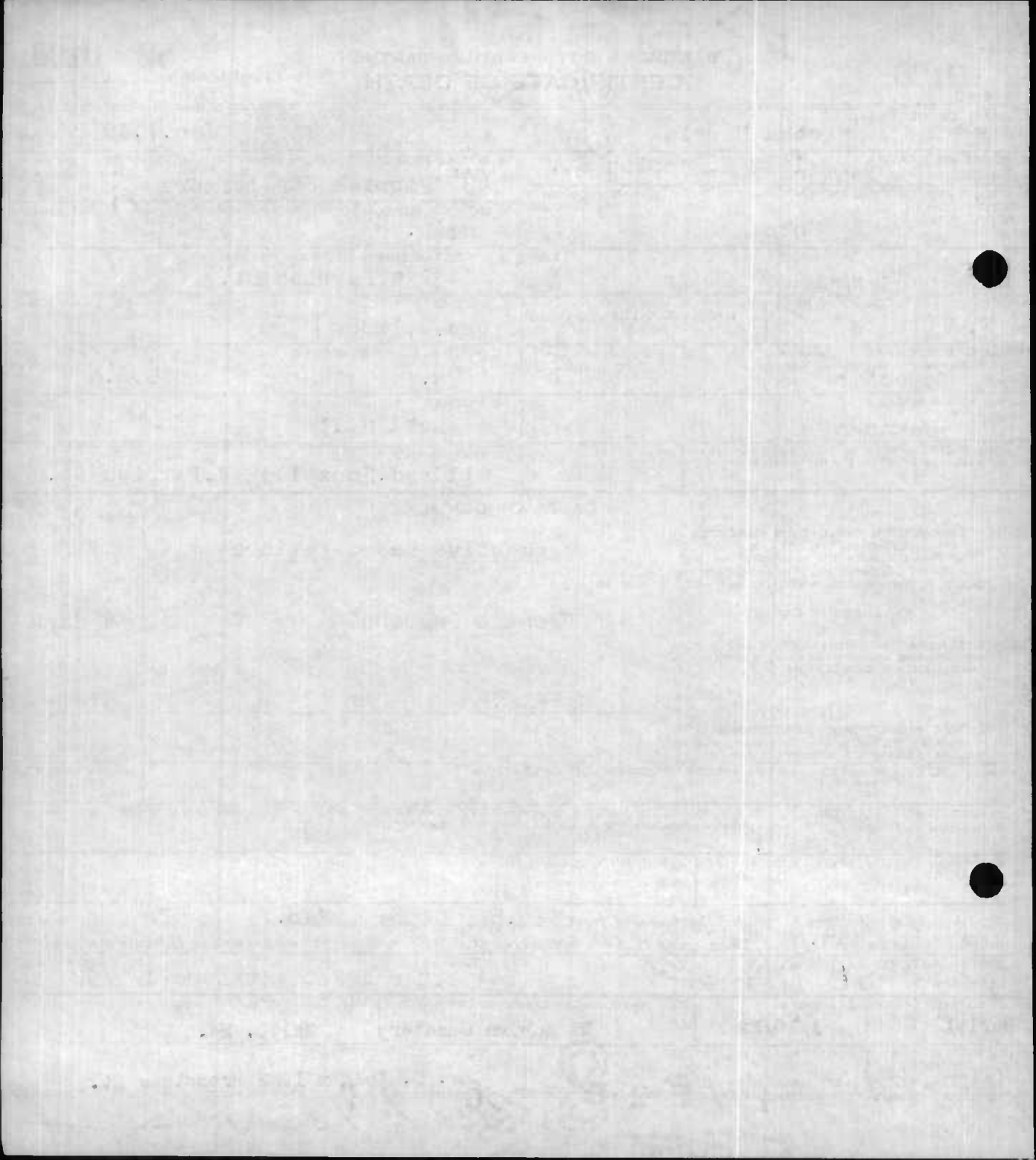
620  
0198  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0198  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Martha Harris</b>			2. DATE OF DEATH <b>Jan. 7, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <b>1433 N. Parrish St.</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) STATE <b>MD</b> COUNTY <b>Baltimore</b> <b>1432 N. Parrish St.</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balt.</b>		
c. Length of stay in Baltimore <b>20 Yrs</b>			d. STREET ADDRESS (If rural, give location) <b>1432 N. Parrish St.</b>		
5. SEX <b>F.</b>	6. COLOR OR RACE <b>C</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>Dec. 8, 1886</b>		9. AGE (In years last birthday) <b>65</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Pa.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Lula Hall</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Mildred Knox 1432 N. Parrish St.</b>		

18. <b>443X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Congestive Heart Failure</b> DUE TO <b>Broncho Pneumonia</b> DUE TO <b>H.C.V</b>		INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>4 days</b> <b>?</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) <b>INJURY</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan. 5</b> , 19 <b>52</b> , to <b>Jan. 7</b> , 19 <b>52</b> that I last saw the deceased alive on <b>Jan. 6</b> , 19 <b>52</b> , and that death occurred at <b>2 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>George Mc Donald</b>		23b. ADDRESS <b>844 N. Carey St. Baltimore</b>		23c. DATE SIGNED <b>1/9/52</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/10/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Auburn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 9 - 1952</b>		REGISTRAR'S SIGNATURE <b>George Mc Donald</b>		25. FUNERAL DIRECTOR <b>Geo. G. Kelson</b>		ADDRESS <b>1303 Presstman St.</b>	
VS 150		7208A		Geo. G. Kelson		937	





536  
0199BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0199

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
SILAS ANDERSON		Jan. 7, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		A. STATE Maryland	
c. Length of stay in Baltimore		B. COUNTY	
5. SEX male		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. COLOR OR RACE colored		D. STREET ADDRESS (If rural, give location) 1361 N. Stricker Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH 1/7/16	
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9. AGE (In years last birthday) 36	
10. KIND OF BUSINESS OR INDUSTRY gr?		11. BIRTHPLACE (State or foreign country) S. C.	
13. FATHER'S NAME Willie Anderson		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		14. MOTHER'S MAIDEN NAME ?	
16. SOCIAL SECURITY NO. 214-14-2777		17. INFORMANT ADDRESS Viola English 1361 N. Stricker St.	
18. 490X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia DUE TO ANTECEDENT CAUSES Malnutrition DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE Stanley K. Dineen		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED Jan. 7, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/11/52	
24C. NAME OF CEMETERY OR CREMATORY Mt Auburn Cemetery		24D. LOCATION (City, town, or county) (State) Balto. Md.	
25. FUNERAL DIRECTOR Geo. G. Nelson		ADDRESS 1303 Presstman St.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 9 - 1952		REGISTRAR'S SIGNATURE Geo. G. Nelson	
V S 151		97099 Geo. G. Nelson 108	



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26  
0200BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52-0200  
Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)  
OSPITAL OR NSTITUTION

Church Home &amp; Hospital

Length of stay in Baltimore

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

3. FATHER'S NAME

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 334X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5/52, 19, to 1/8/52, 19, that I last saw the deceased alive on 1/8/52, 19, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

Released by Medical Examiner of Balto, in 835

005

STATION 15



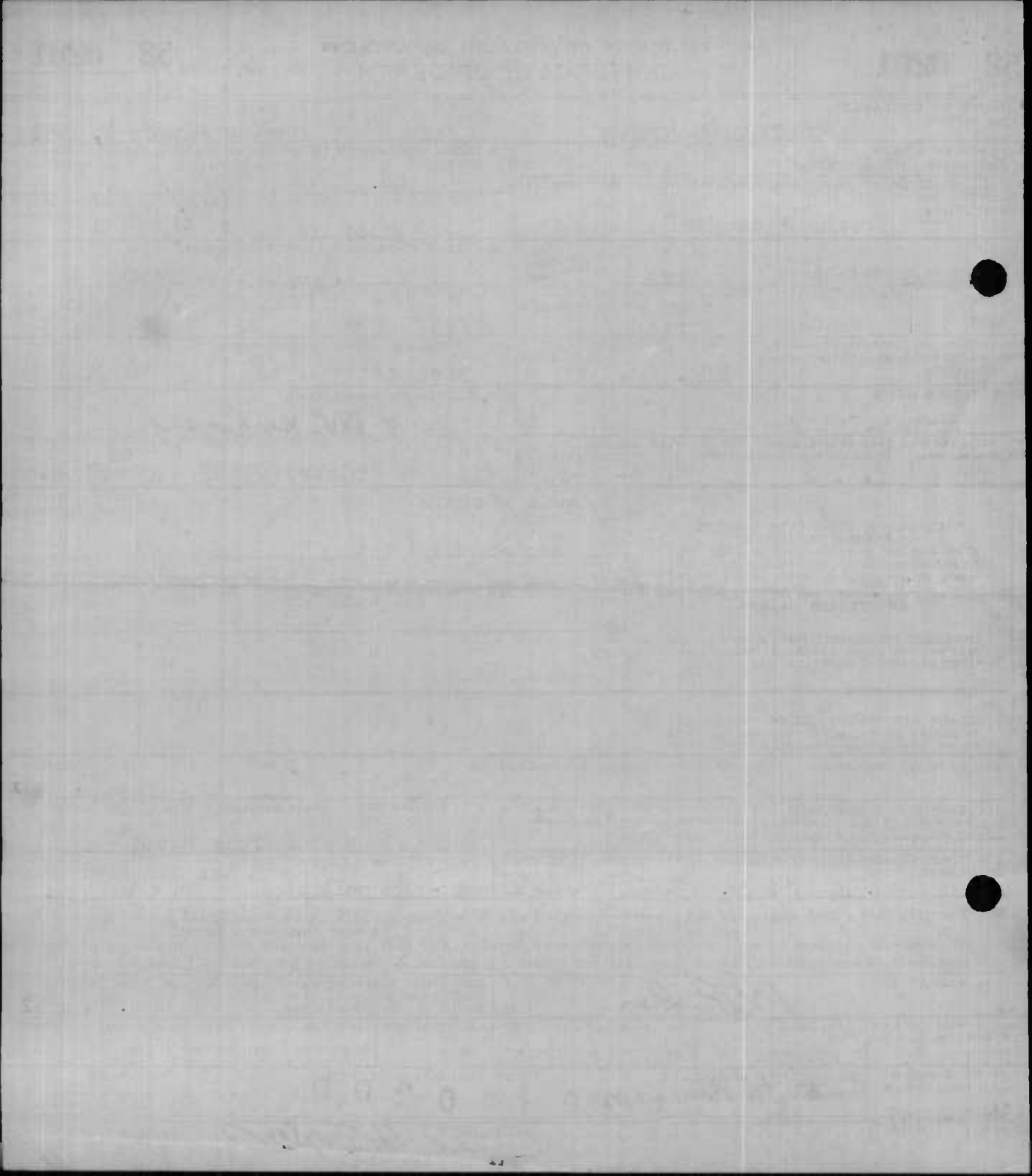
236  
52 0201BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0201

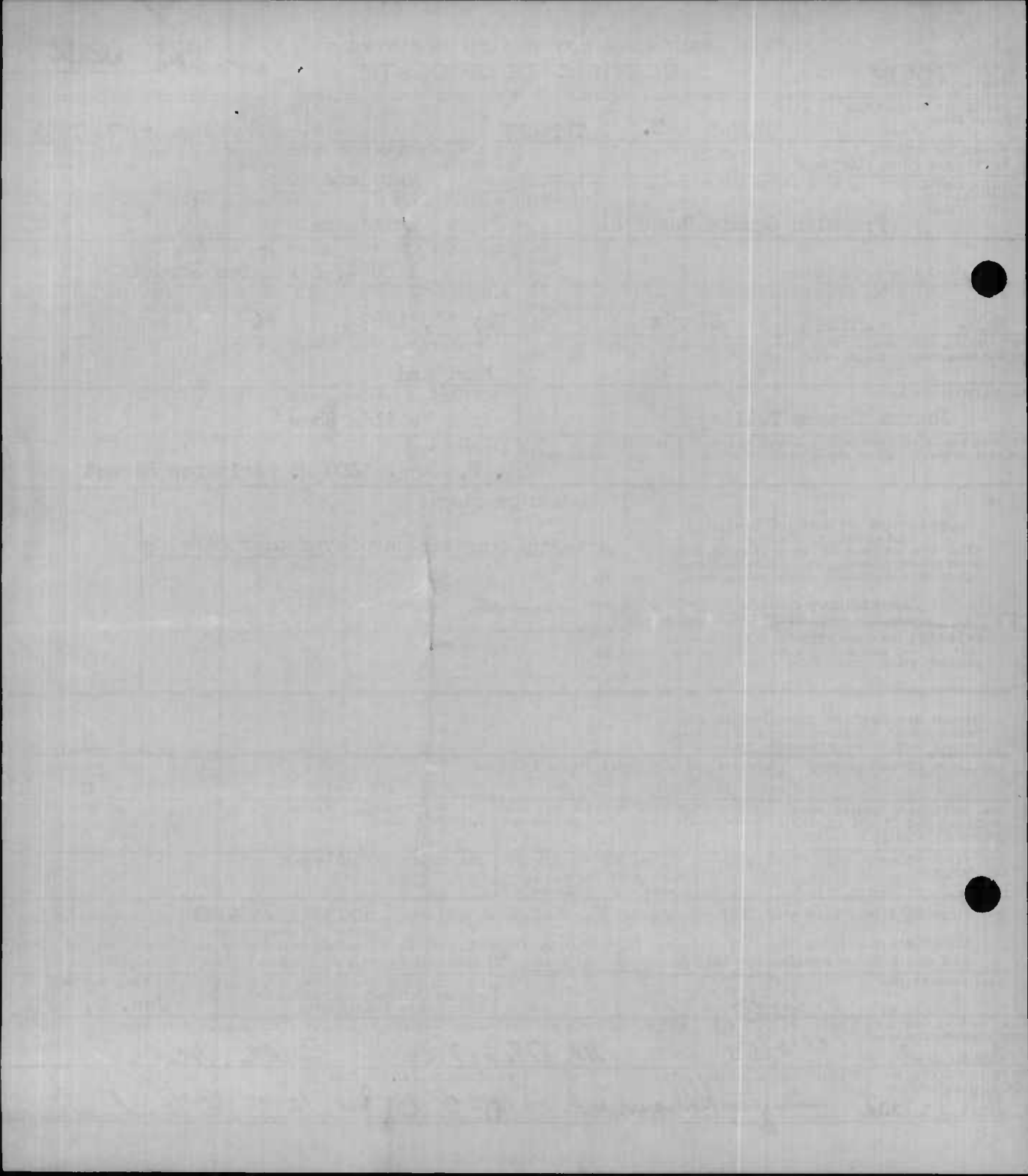
1. NAME OF DECEASED (Type or Print) <b>CHARLES McCOTRY</b>			2. DATE OF DEATH <b>January 4, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>18-01</b>		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Provident Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore <b>3yrs</b>			D. STREET ADDRESS (If rural, give location) <b>819 W. Lexington Street</b>		
7. SEX <b>M</b>	8. COLOR OR RACE <b>Negro</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>7/27/1929</b>		11. AGE (In years last birthday) <b>22</b>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			13. KIND OF BUSINESS OR INDUSTRY <b>Mfg. Co.</b>		14. BIRTHPLACE (State or foreign country) <b>Shawneetown, Ill.</b>
15. FATHER'S NAME <b>Arron McCotry</b>			16. MOTHER'S MAIDEN NAME <b>Donnie McKimney</b>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes W.W. #2</b>			18. SOCIAL SECURITY NO. <b>396-24-5959</b>		
19. INFORMANT <b>Wildred McCotry (W)</b>			20. ADDRESS <b>819 W. Lexington St.</b>		

18. CAUSE OF DEATH <b>E816.41</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Craniocerebral injury</b> DUE TO <b>ANTECEDENT CAUSES</b> <b>(B)</b> DUE TO <b>(C)</b>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>Jan. 4, 1952</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Eutaw Place at Laurens Street</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Jan. 4, 1952 2a.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? ( was passenger in cab) <b>auto-auto collision</b>	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>R. B. Fisher</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Jan. 4, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1/9/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>ARBUTUS MEM'L PK.</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTO. COUNTY, MD.</b>		25. FUNERAL DIRECTOR <b>CHARLES G. COOPER-512 CARROLLTON AV.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 9 - 1952</b>		REGISTRAR'S SIGNATURE <b>Chas. G. Cooper</b>			
N-803-2		9704Y		170C	









**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52-0203**

**2-10**  
**0203**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CARRIE E. BISHOP</b>			2. DATE OF DEATH <b>January 7, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lutheran Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>2743 Winchester Avenue</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Nov. 10, 1878</b>		9. AGE (In years last birthday) <b>73</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>York, Pennsylvania</b>
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <b>George Yessler</b>		
14. MOTHER'S MAIDEN NAME <b>?</b>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <b>John R. Bishop, 2743 Winchester Street</b>		

18. <b>E 840 x</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Skull fracture</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Poplar Grove and Riggs Streets 16/7</b>			
21D. TIME (Month) (Day) (Year) (Hour) <b>Jan. 7, 1952 5:30 P. m.</b>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>Pedestrian struck by streetcar</b>			
22. I certify that I took charge of the remains described above, held an <b>Inspection &amp; Inquiry</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Spodis</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Jan. 8, 1952</b>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24B. DATE <b>1/10/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 9 - 1952</b>		REGISTRAR'S SIGNATURE <i>William Spodis</i>	
FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		ADDRESS <b>1217 St. Paul Street</b>	



200  
52 0204  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0204  
Registered No.1. NAME OF DECEASED  
(Type or Print)

Florence M. Loock

2. DATE  
OF  
DEATH

January 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR Prout Nursing Home  
INSTITUTION 2803 Garrison Boulevard4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Maryland  
B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write LOCAL and give township)  
Baltimore 15-06

D. STREET ADDRESS (If rural, give location)

3303 Walbrook Avenue

E. Length of stay in Baltimore

Yrs.  
Mos.  
Days5. SEX female  
6. COLOR OR RACE white  
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH

July 26, 1873

9. AGE (In years, last birthday)

78

If Under 1 Year Months Days  
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
housewife10B. KIND OF BUSINESS OR INDUSTRY  
own home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Alexander Musser

14. MOTHER'S MAIDEN NAME

Mary Reid

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ethel L. Fox, Sheridan Belvedere Hotel

18.

331X I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) Cerebral Haemorrhage Left side  
DUE TO R t. Hemaplegia. (Haemorrhage persisted)  
(B)  
DUE TO Cerebral arterio sclerosis.  
(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1951 to Jan 8, 1952 that I last saw the deceased alive on Jan 7, 1952 and that death occurred at 1A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

1/10/52

Loudon Park Cemetery

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1952

Wm. Williams

Wm. Cook

1217 St. Paul Street

VS 150

83a

CERTIFICATE OF DEATH

STATE OF OHIO

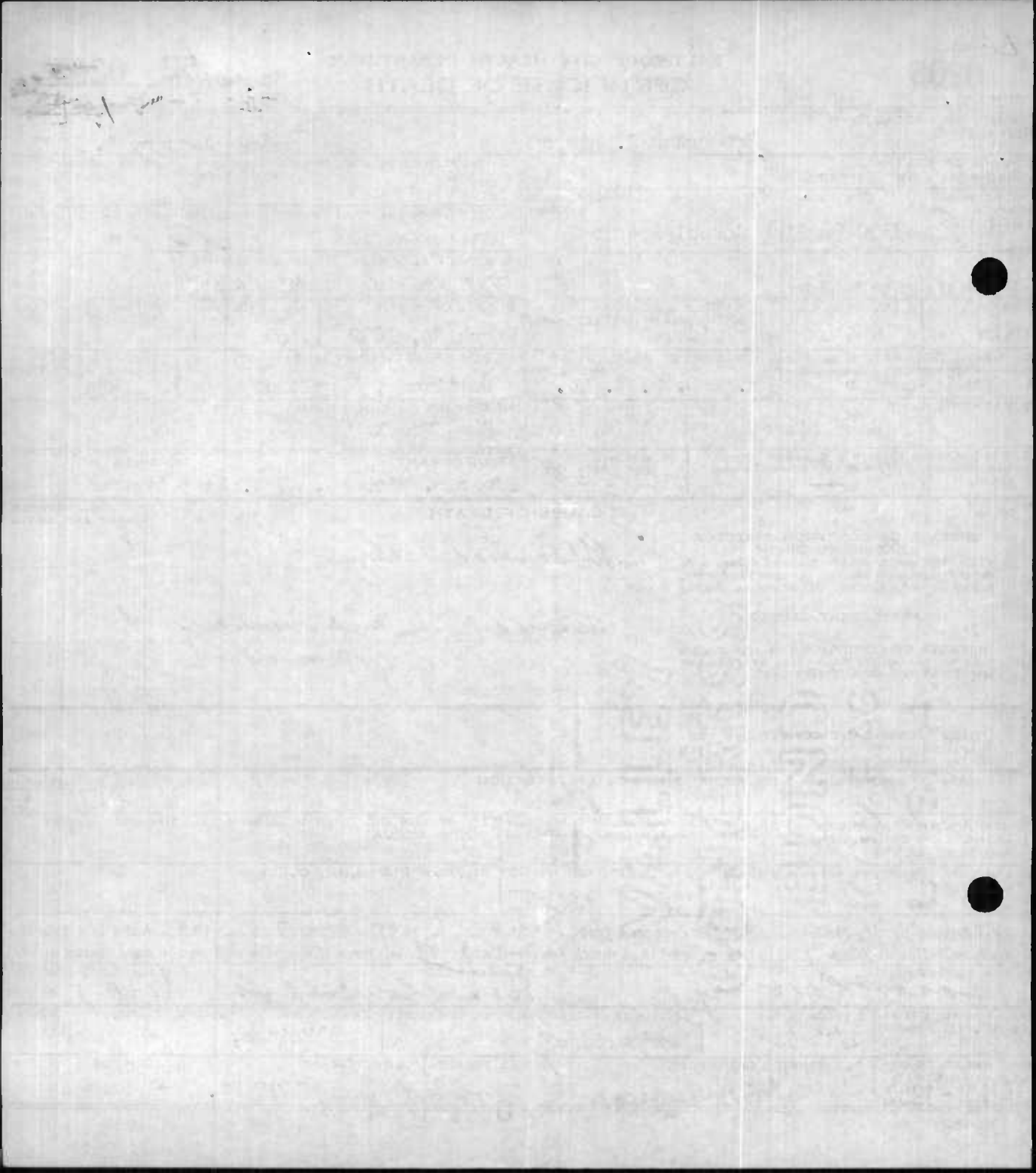
BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing certificate of death, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

WITNESSED my hand and seal of office this day of \_\_\_\_\_, 19\_\_.

200  
0205BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0205

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Frederick J. Rixse		January 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3300 English Consul Avenue		C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore	
D. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3300 English Consul Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 24, 1892
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector		10B. KIND OF BUSINESS OR INDUSTRY B. & O. R. Co.	9. AGE (In years, last birthday) 59
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
3. FATHER'S NAME John Rixse		14. MOTHER'S MAIDEN NAME Emma Frank	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 705-05-8978	
17. INFORMANT Edgar S. Michael, 40 S. East Avenue		ADDRESS	
18. CAUSE OF DEATH			
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 241X (A) <i>Bronchial Asthma</i> DUE TO ANTECEDENT CAUSES (B) <i>Atherosclerotic Cardiovascular Disease</i> DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Dec 4</i> , 19 <i>49</i> , to <i>Jan 7</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Jan 7</i> , 19 <i>52</i> , and that death occurred at <i>8 A</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Carl Probstling</i>		23B. ADDRESS M. O. <i>1326 W. Lombard St</i>	
23C. DATE SIGNED <i>1-8-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 1/11/52	
24C. NAME OF CEMETERY OR CREMATORY Meadowridge Park Cemetery		24D. LOCATION (City, town, or county) (State) Elkridge, Maryland	
25. FUNERAL DIRECTOR <i>Wm. Cook, Inc.</i>		ADDRESS 1217 St. Paul Street	
DATE RECEIVED BY LOCAL REGISTRAR JAN 9 - 1952		REGISTRAR'S SIGNATURE <i>Wm. Cook, Inc.</i>	



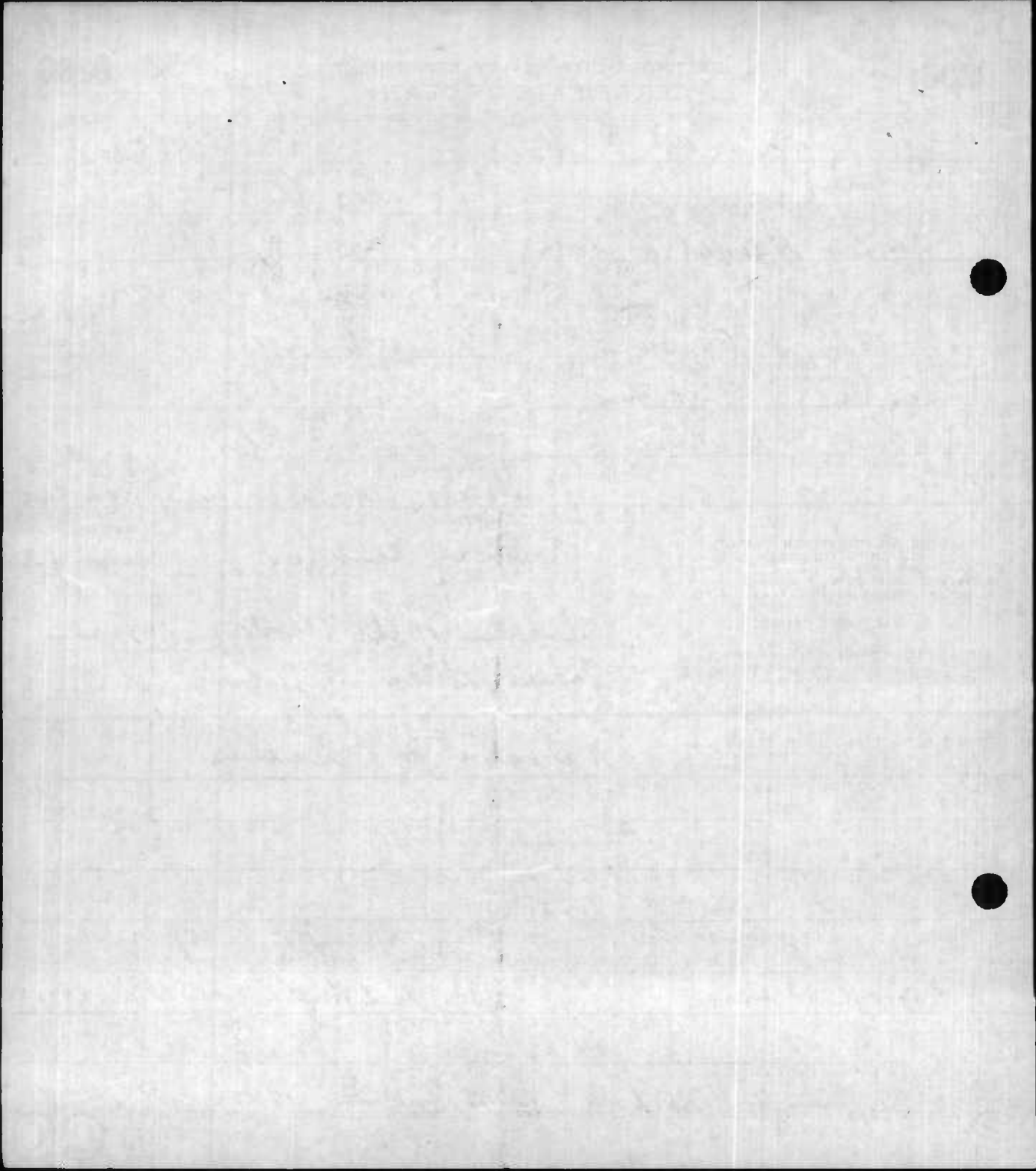


600  
0206BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0206  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Estelle J. Hoerr		1/8/52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2634 Hampden Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 12-07	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2634 Hampden Ave	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH 9/5/1876
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. AGE (In years last birthday) 75	
13. KIND OF BUSINESS OR INDUSTRY At Home		14. BIRTHPLACE (State or foreign country) Trenton N.J.	
15. FATHER'S NAME Albert C. Burns		16. CITIZEN OF WHAT COUNTRY? ✓	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		18. SOCIAL SECURITY NO. 2634	
19. INFORMANT Eleanor J. Magness		20. ADDRESS 2634 Hampden Ave	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Crown Embolus		22. INTERVAL BETWEEN ONSET AND DEATH few hours	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Infection of skin of abdomen Major abdominal tumor		24. 3 years	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Malnutrition & diabetes			
26. DATE OF OPERATION		27. MAJOR FINDINGS OF OPERATION	
28. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID INJURY OCCUR?		(If in Baltimore City, give exact location)	
32. TIME (Month) (Day) (Year) (Hour) JANUARY		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. HOW DID INJURY OCCUR?			
35. I hereby certify that I attended the deceased from Oct 1951, to Jan 8, 1952, that I last saw the deceased alive on Jan 8, 1952, and that death occurred at 10:15 a.m., from the causes and on the date stated above.			
36. SIGNATURE Louis R. Moen		37. ADDRESS 4335 Paul Heights Ave	
38. DATE SIGNED Jan 9, 1952			
39. BURIAL, CREMATION, REMOVAL (Specify) Burial		40. DATE 1/11/52	
41. NAME OF CEMETERY OR CREMATORY Mt. Carmel		42. LOCATION (City, town, or county) (State) Balto. Md.	
43. DATE RECEIVED BY LOCAL REGISTRAR JAN 9 - 1952		44. REGISTRAR'S SIGNATURE [Signature]	
45. FUNERAL DIRECTOR W. B. Cook & Co.		46. ADDRESS 1217 St. Paul St.	





610

52 0207

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 0207

Registered No.

1. NAME OF DECEASED (Type or Print)

Bessie Alice Sherfey

2. DATE OF DEATH

1/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

5214 Florence Ave.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

7. Length of stay in Baltimore

10 Yrs. Mos. Days

8. STREET ADDRESS (If rural, give location)

5214 Florence Ave.

9. SEX

Female

10. COLOR OR RACE

White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

12. DATE OF BIRTH

2/3/1883

13. AGE (In years last birthday)

68

14. If Under 1 Year Months Days

14

15. If Under 24 Hours Hours Min.

14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Fredrick Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Sherfey

14. MOTHER'S MAIDEN NAME

Lawina Eyles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no none

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Florence L. Bosley 5214 Florence

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

443 X I

Chronic Myocarditis

CAUSE OF DEATH

(A) DUE TO

My hypertension

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

19. ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

5 yrs.

20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Uterine Fibroids

7 yrs.

21. DATE OF OPERATION

0

22. MAJOR FINDINGS OF OPERATION

23. AUTOPSY?

YES NO

24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

27. TIME (Month) (Day) (Year) (Hour) OF INJURY

28. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

29. HOW DID INJURY OCCUR?

30. I hereby certify that I attended the deceased from Jan. 1948, to Jan. 1952, that I last saw the deceased alive on Jan. 7<sup>th</sup>, 1952, and that death occurred at 3 A.m., from the causes and on the date stated above.

31. SIGNATURE

James A. Miller M.D.

32. ADDRESS

Pikeville 8, Md

33. DATE SIGNED

1/8/52

34. BURIAL, CREMATION, REMOVAL (Specify)

Burial

35. DATE

1/10/52

36. NAME OF CEMETERY OR CREMATORY

Westminster

37. LOCATION (City, town, or county) (State)

Westminster, Md

38. DATE RECEIVED BY LOCAL REGISTRAR

JAN 9 - 1952

39. REGISTRAR'S SIGNATURE

Wm. J. Williams

40. FUNERAL DIRECTOR ADDRESS

Frank H. Newell - Pikeville, Md

VS 150

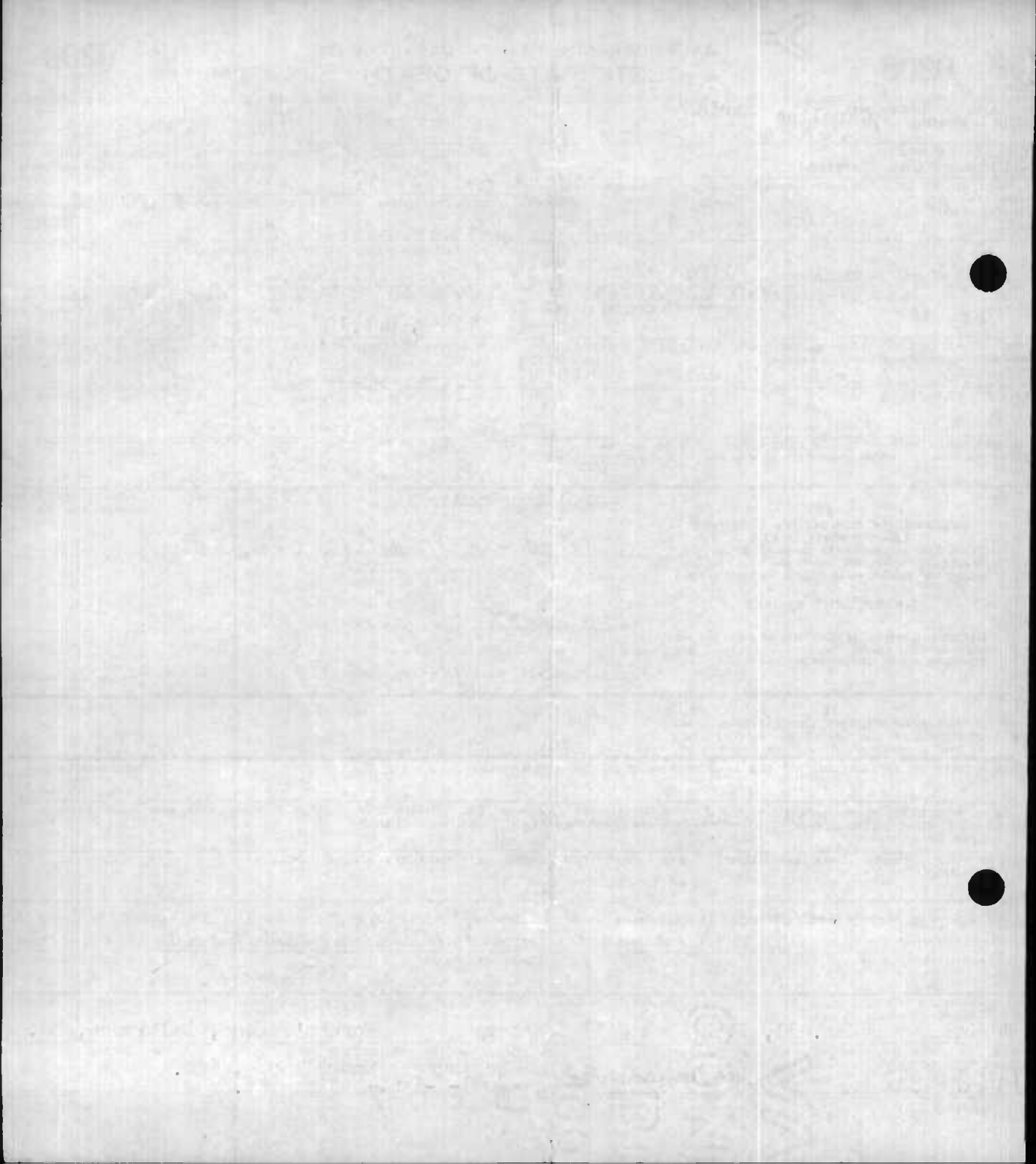
937



100  
52 0208  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0208

1. NAME OF DECEASED (Type or Print) <i>Caroline Marie Carolyn Sappe</i>		2. DATE OF DEATH <i>1-8-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Balto.</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 18</i>	
c. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>4013 Loch Raven Blvd.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH <i>1906, Oct. 10</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>	9. AGE (In years last birthday) <i>45</i>
13. FATHER'S NAME <i>John Kana</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>	
18. <i>330X I</i>		17. INFORMANT <i>Husband, Milton J. Sappe</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		ADDRESS <i>Same</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Subarachnoid hemorrhage (massive)</i> (B) <i>ruptured aneurysm</i> (C) <i>hypertension</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs.</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>January 7, 1952</i> to <i>January 8, 1952</i> , that I last saw the deceased alive on <i>Jan. 8, 1952</i> , and that death occurred at <i>3:15 p.m.</i> , from the causes and on the date stated above.		23A. SIGNATURE <i>R. K. Skipton</i> M. D.	
23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>1-8-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 11, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Oak Hill Cemetery</i>		24D. LOCATION (City, town, or county) (State) <i>Horner's Lane, Baltimore, Md.</i>	
25. FUNERAL DIRECTOR <i>Schimunek Funeral Home, Inc.</i>		ADDRESS <i>2601 13-5 E. Madison St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 9 - 1952</i>		REGISTRAR'S SIGNATURE <i>Caroline Sappe</i>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 0209**

1. NAME OF DECEASED (Type or Print) <b>JOHN L. CERMAK</b>				2. DATE OF DEATH <b>Jan. 7, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland 1424 Kingsway Rd.</b>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>57 years</b> Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>1424 Kingsway Road</b>	
7. SEX <b>male</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		10. DATE OF BIRTH <b>June 18, 1889</b>	11. AGE (In years last birthday) <b>62</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired carrier</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>U. S. Post Office</b>		11. BIRTHPLACE (State or foreign country) <b>Czechoslovakia</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13. FATHER'S NAME <b>Frank Cermak</b>	
14. MOTHER'S MAIDEN NAME <b>Marie Cerny</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>no</b>				17. INFORMANT ADDRESS <b>Mrs. Emilie Cermak, wife, above</b>	
18. <b>150X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma of esophagus</b> (A) DUE TO <b>?</b> (B) DUE TO (C) DUE TO  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>none</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 mos</b>					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug. 1951</b> , to <b>Jan. 7, 1952</b> , that I last saw the deceased alive on <b>Jan. 6, 1952</b> , and that death occurred at <b>6:45 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Edward Novak</b>		23B. ADDRESS <b>101 W. Read St</b>		23C. DATE SIGNED <b>Jan. 8. 52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 10, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Horner's Lane, Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>Schimunek Funeral Home, Inc.</b> <b>2001-2-50 E. Madison St.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 9 - 1952</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>			



1000

DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Registration No.

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MODE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF ARRIVAL

PLACE OF ARRIVAL

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PLACE OF DEPARTURE

DATE OF ARRIVAL

PLACE OF ARRIVAL



550-1 approved by the Medical Examiner.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0210

BIRTH NO. 2 0210

1. NAME OF DECEASED (Type or Print) *Raymond A Callahan, jr.*

2. DATE OF DEATH *Jan. 9, 1952*

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE *Maryland* B. COUNTY *Talbot*

5. FULL NAME OF HOSPITAL OR INSTITUTION *Union Memorial Hospital*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Queen Anne*

7. STREET ADDRESS (If rural, give location) *7000*

8. DATE OF BIRTH *July 7, 1945*

9. AGE (In years last birthday) *6 2*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *None*

11. BIRTHPLACE (State or foreign country) *Maryland*

12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

13. FATHER'S NAME *Raymond A. Callahan, sr.*

14. MOTHER'S MAIDEN NAME *Dorothy Schofield*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) *No*

16. SOCIAL SECURITY NO.

17. INFORMANT *Father* ADDRESS *above*

18. 550-1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Generalized peritonitis*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH *2-3 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Ruptured acute gangrenous appendicitis*

DUE TO

(C) *Spastic paraplegia*

CERTIFICATION APPROVED BY *R. F. Fisher*

CHIEF OF ASST. MEDICAL EXAMINER

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *2*

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *patient was dead on arrival here*, 19 *1952*, that I last saw the deceased alive on *Jan 9, 1952*, and that death occurred at *m.* from the causes and on the date stated above.

23A. SIGNATURE *Alfred S. Nelson* M. D.

23B. ADDRESS *Baltimore, Md.*

23C. DATE SIGNED *Jan 9, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE *Jan 10/52*

24C. NAME OF CEMETERY OR CREMATORY *Holly Cross*

24D. LOCATION (City, town, or county) (State) *Near Greensboro Md*

DATE RECEIVED BY REGISTRAR'S SIGNATURE *Jan 9 - 1952*

25. FUNERAL DIRECTOR *G. H. Moore & Son* ADDRESS *Denton Md*

VS 150

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JAN 10 1964  
U.S. AIR FORCE

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RECEIVED  
JAN 10 1964  
U.S. AIR FORCE

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 0211

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Ernest L. Bargquist		January 7, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residencee before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Lutheran Hospital of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5101 Williston Road - 29	
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH August 11, 1893
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Supervisor		12. KIND OF BUSINESS OR INDUSTRY S. S. Board	13. AGE (In years, last birthday) 58
14. FATHER'S NAME ?		15. BIRTHPLACE (State or foreign country) Colorado	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) yes W. W. I		17. CITIZEN OF WHAT COUNTRY? U.S.	
18. SOCIAL SECURITY NO. none		19. MOTHER'S MAIDEN NAME ?	
20. INFORMANT Mrs. Catherine A. Bargquist, 5101 Williston		21. ADDRESS	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple Abdominal Abscesses (A) DUE TO INTERVAL BETWEEN ONSET AND DEATH 7 days  ANTECEDENT CAUSES (B) Perforated Peptic Ulcer DUE TO 8 days  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pneumonitis - Left Lower Lobe 4 days			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/3 1952 to 1/7 1952, that I last saw the deceased alive on 1/7 1952, and that death occurred at 10:43 p. m., from the causes and on the date stated above.			
23A. SIGNATURE James A. Donohoe		23B. ADDRESS Lutheran Hospital	
23C. DATE SIGNED 1/8/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 1/11/52	
24C. NAME OF CEMETERY OR CREMATORY Arlington National Cemetery		24D. LOCATION (City, town, or county) (State) Arlington, Virginia	
25. FUNERAL DIRECTOR Wm. Cook & Co.?		25. ADDRESS 1217 St. Paul Street	

CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF BIRTH		5. PLACE OF BIRTH	
6. OCCUPATION		7. MARITAL STATUS		8. COLOR		9. RELIGION		10. EDUCATION	
11. CAUSE OF DEATH		12. MANNER OF DEATH		13. PLACE OF DEATH		14. TIME OF DEATH		15. SIGNATURE OF DECEASED	
16. SIGNATURE OF WITNESSES		17. SIGNATURE OF PHYSICIAN		18. SIGNATURE OF CLERGYMAN		19. SIGNATURE OF JUDGE		20. SIGNATURE OF CORONER	
21. SIGNATURE OF DECEASED		22. SIGNATURE OF WITNESSES		23. SIGNATURE OF PHYSICIAN		24. SIGNATURE OF CLERGYMAN		25. SIGNATURE OF JUDGE	
26. SIGNATURE OF CORONER		27. SIGNATURE OF DECEASED		28. SIGNATURE OF WITNESSES		29. SIGNATURE OF PHYSICIAN		30. SIGNATURE OF CLERGYMAN	
31. SIGNATURE OF JUDGE		32. SIGNATURE OF CORONER		33. SIGNATURE OF DECEASED		34. SIGNATURE OF WITNESSES		35. SIGNATURE OF PHYSICIAN	
36. SIGNATURE OF CLERGYMAN		37. SIGNATURE OF JUDGE		38. SIGNATURE OF CORONER		39. SIGNATURE OF DECEASED		40. SIGNATURE OF WITNESSES	
41. SIGNATURE OF PHYSICIAN		42. SIGNATURE OF CLERGYMAN		43. SIGNATURE OF JUDGE		44. SIGNATURE OF CORONER		45. SIGNATURE OF DECEASED	
46. SIGNATURE OF WITNESSES		47. SIGNATURE OF PHYSICIAN		48. SIGNATURE OF CLERGYMAN		49. SIGNATURE OF JUDGE		50. SIGNATURE OF CORONER	
51. SIGNATURE OF DECEASED		52. SIGNATURE OF WITNESSES		53. SIGNATURE OF PHYSICIAN		54. SIGNATURE OF CLERGYMAN		55. SIGNATURE OF JUDGE	
56. SIGNATURE OF CORONER		57. SIGNATURE OF DECEASED		58. SIGNATURE OF WITNESSES		59. SIGNATURE OF PHYSICIAN		60. SIGNATURE OF CLERGYMAN	
61. SIGNATURE OF JUDGE		62. SIGNATURE OF CORONER		63. SIGNATURE OF DECEASED		64. SIGNATURE OF WITNESSES		65. SIGNATURE OF PHYSICIAN	
66. SIGNATURE OF CLERGYMAN		67. SIGNATURE OF JUDGE		68. SIGNATURE OF CORONER		69. SIGNATURE OF DECEASED		70. SIGNATURE OF WITNESSES	
71. SIGNATURE OF PHYSICIAN		72. SIGNATURE OF CLERGYMAN		73. SIGNATURE OF JUDGE		74. SIGNATURE OF CORONER		75. SIGNATURE OF DECEASED	
76. SIGNATURE OF WITNESSES		77. SIGNATURE OF PHYSICIAN		78. SIGNATURE OF CLERGYMAN		79. SIGNATURE OF JUDGE		80. SIGNATURE OF CORONER	
81. SIGNATURE OF DECEASED		82. SIGNATURE OF WITNESSES		83. SIGNATURE OF PHYSICIAN		84. SIGNATURE OF CLERGYMAN		85. SIGNATURE OF JUDGE	
86. SIGNATURE OF CORONER		87. SIGNATURE OF DECEASED		88. SIGNATURE OF WITNESSES		89. SIGNATURE OF PHYSICIAN		90. SIGNATURE OF CLERGYMAN	
91. SIGNATURE OF JUDGE		92. SIGNATURE OF CORONER		93. SIGNATURE OF DECEASED		94. SIGNATURE OF WITNESSES		95. SIGNATURE OF PHYSICIAN	
96. SIGNATURE OF CLERGYMAN		97. SIGNATURE OF JUDGE		98. SIGNATURE OF CORONER		99. SIGNATURE OF DECEASED		100. SIGNATURE OF WITNESSES	

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540  
02 0212BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0212

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Francis P. Donnelly

2. DATE  
OF  
DEATH

1/7/52 8:30 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

5205 York Rd

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

5205 York Rd.

6. SEX

7. COLOR OR RACE

8. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

9. DATE OF BIRTH

10. AGE (In years last birthday)

11. Under 1 Year  
Months: Days12. Under 24 Hours  
Hours: Min.

Male White

Widowed

1/9/1873

78

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Landscaping

Own

11. BIRTHPLACE (State or foreign country)

Catonsville Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John J. Donnelly

14. MOTHER'S MAIDEN NAME

Mary Walsh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mary C. Donnelly 5205 York Rd

18. 422.1 I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio-vascular Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Benign Prostatic Hypertrophy with Urinary Retention

2 wks.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

22E. INJURY OCCURRED

22F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 29, 1951, to Jan. 7, 1952, that I last saw the deceased alive on Jan. 5, 1952, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Corn. H. Kammer, J.

M. D.

501 Sheridan Ave.

Jan. 8, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1/10/52

Parkwood

Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1952

Wm. C. K. 1217 St. Paul St.

512-10

FEDERAL BUREAU OF INVESTIGATION

U. S. DEPARTMENT OF JUSTICE

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RECEIVED  
JAN 10 1964  
FBI  
WASHINGTON, D. C.  
COMMUNICATIONS SECTION  
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536  
52 0213BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

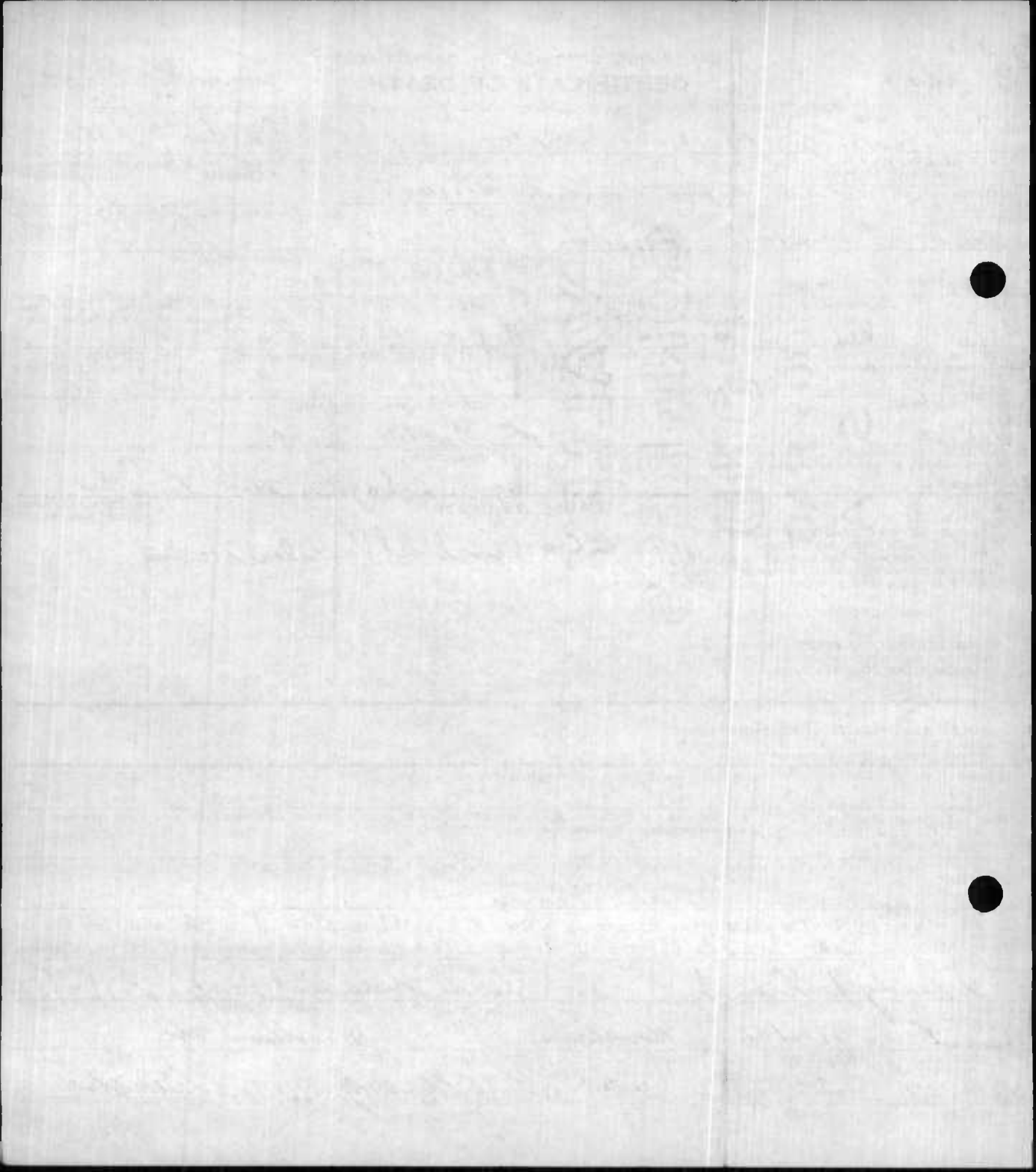
Registered No. 52 0213

1. NAME OF DECEASED (Type or Print) <i>Harrison Martin Snyder</i>		2. DATE OF DEATH <i>Jan 7, 1952</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>		6. CITY OR TOWN (If outside corporate limits, write R.R. and give township) <i>Baltimore</i>	
7. STREET ADDRESS (If rural, give location) <i>3424 Elm Ave.</i>		8. DATE OF BIRTH <i>May 30, 1888</i>	
9. SEX <i>Male</i>		10. AGE (In years last birthday) <i>63</i>	
11. COLOR OR RACE <i>white</i>		12. Under 1 Year Months: Days Under 24 Hours Hours: Min.	
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		14. BIRTHPLACE (State or foreign country) <i>Illinois</i>	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>		16. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
17. KIND OF BUSINESS OR INDUSTRY <i>Pennsylvania R. R.</i>		18. FATHER'S NAME <i>William Snyder</i>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Unknown</i>		20. SOCIAL SECURITY NO. <i>-</i>	
21. MOTHER'S MAIDEN NAME <i>Martha Lohr</i>		22. INFORMANT <i>Agnes E. Snyder</i>	
23. ADDRESS <i>3424 Elm Ave.</i>		24. INTERVAL BETWEEN ONSET AND DEATH	
25. CAUSE OF DEATH (A) <i>Cerebral Vascular Accident</i> DUE TO (B) _____ DUE TO (C) _____			
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
27. DATE OF OPERATION <i>0</i>		28. MAJOR FINDINGS OF OPERATION	
29. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		30. DATE OF OPERATION	
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		32. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		34. TIME (Month) (Day) (Year) (Hour) OF INJURY	
35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		36. HOW DID INJURY OCCUR?	
37. I hereby certify that I attended the deceased from <i>Jan 4</i> , 1952, to <i>Jan 7</i> , 1952, that I last saw the deceased alive on <i>Jan 7</i> , 1952, and that death occurred at <i>5:15 a. m.</i> , from the causes and on the date stated above.			
38. SIGNATURE <i>Waverly S. Green, Jr.</i>		39. ADDRESS <i>Union Memorial Hosp</i>	
40. DATE SIGNED <i>1/7/52</i>		41. DATE RECEIVED BY LOCAL REGISTRAR <i>Jan 9 - 1952</i>	
42. REGISTRAR'S SIGNATURE <i>Thomas J. Williams</i>		43. FUNERAL DIRECTOR <i>Charles E. Green</i>	
44. ADDRESS <i>3015-17 Chestnut Ave</i>		45. VS 150	

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52 0214BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0214

1. NAME OF DECEASED (Type or Print) <b>EMMA R DEAN</b>			2. DATE OF DEATH <b>11/7/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>md.</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>2915 Huntingdon Ave.</b>			C. CITY OR TOWN <b>Balto</b>		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>2915 Huntingdon Ave</b>		
7. SEX <b>Female</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	10. DATE OF BIRTH <b>Aug 14 1888</b>	11. AGE (In years last birthday) <b>59</b>	12. Under 1 Year Months: Days Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			11. BIRTHPLACE (State or foreign country) <b>md.</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS <b>Edward Dean 2915 Huntingdon Ave.</b>		

18. <b>260 X</b>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <b>congestive heart failure</b>	<b>3 months</b>	
ANTECEDENT CAUSES	(B) <b>generalized arteriosclerosis</b>	<b>1 yr</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <b>diabetes mellitus</b>	<b>sev yrs.</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-7-3-4</b> , 19 <b>52</b> to <b>1-7-</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Jan 7</b> , 19 <b>52</b> , and that death occurred at <b>4:00 Pm.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>E. Ellsworth Cook</b>		23B. ADDRESS <b>2431 Maryland Avenue</b>		23C. DATE SIGNED <b>1-8-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/11/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Bel Air Memorial Gardens Bel Air Md.</b>	
24D. LOCATION (City, town, or county) (State) <b>Balto Md.</b>		25. FUNERAL DIRECTOR <b>Paul E. Chismethy 3615-11 Chiswood Ave.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 9 - 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. Williams, M.D.</b>			

Barbuck

2431 Maryland Ave

352  
52 0215BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0215

1. NAME OF DECEASED (Type or Print) <b>EDWARD LOUIS LOUDENSLAGER</b>		2. DATE OF DEATH <b>January 8, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>13-06</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>U.S. Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>3500 Elm Avenue</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>7/12/10</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chauffeur</b>		12. AGE (In years last birthday) <b>41</b>	
13. KIND OF BUSINESS OR INDUSTRY <b>Diamond Cab Co.</b>		14. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. FATHER'S NAME <b>Edward Louis Loudenslager</b>		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. MOTHER'S MAIDEN NAME <b>Genevieve Cavey</b>		18. SOCIAL SECURITY NO. <b>216-10-6461</b>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes WW 2- USA</b>		20. INFORMANT <b>Wife</b>	
21. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) <b>Gastro-intestinal hemorrhage</b> DUE TO <b>Acute gastritis</b> DUE TO <b>Fatty metamorphosis of liver</b>		22. INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b> <b>Unknown</b> <b>Unknown</b>	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		24. DATE OF OPERATION <b>581-0</b>	
25. MAJOR FINDINGS OF OPERATION		26. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
30. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>	31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	32. HOW DID INJURY OCCUR? <input type="checkbox"/>	
33. I hereby certify that I attended the deceased from <b>Jan. 8, 1952</b> , to <b>Jan. 8, 1952</b> , that I last saw the deceased alive on <b>Jan. 8, 1952</b> and that death occurred at <b>4:50A m.</b> , from the causes and on the date stated above.			
34. SIGNATURE <b>John L. Wilson, Medical Director</b>		35. ADDRESS <b>Baltimore, Maryland</b>	
36. DATE SIGNED <b>1/8/52</b>		37. M.D. <b>US Public Health Service Hospital</b>	
38. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	39. DATE <b>1/12/52</b>	40. NAME OF CEMETERY OR CREMATORY <b>St Mary's</b>	41. LOCATION (City, town, or county) (State) <b>Hampden</b>
42. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 9 - 1952</b>	43. REGISTRAR'S SIGNATURE <b>Paul E. Chelmsworth</b>	44. FUNERAL DIRECTOR <b>Paul E. Chelmsworth</b>	45. ADDRESS <b>3615-17 Chestnut Ave</b>

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462  
52 0216BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0216

1. NAME OF DECEASED (Type or Print) Clark, Robert Thomas		2. DATE OF DEATH 1/7/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore, 11	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 11	
6. I was in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 845 W. 37th Street	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH Nov 14 1875
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		12. AGE (In years last birthday) 76	
13. KIND OF BUSINESS OR INDUSTRY Balto. Transit Co.		14. CITIZEN OF WHAT COUNTRY? Baltimore	
15. FATHER'S NAME		16. MOTHER'S MAIDEN NAME	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO. 213-05-9915	
19. INFORMANT Louis Black Mean 845 W. 37th St.		ADDRESS	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/2/1952 to 1/7/1952 that I last saw the deceased alive on 1/7/1952 and that death occurred at 11:30 a.m. from the causes and on the date stated above.			
23A. SIGNATURE Viaggs		23B. ADDRESS 1400 N. Caroline St.	
23C. DATE SIGNED 1/7/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/10/52	
24C. NAME OF CEMETERY OR CREMATORY Moreland Park		24D. LOCATION (City, town, or county) (State) Taylor Ave.	
25. FUNERAL DIRECTOR Paul C. Edwards		ADDRESS 3615-17 Chestnut Ave	

8453 57

7/10/11

THE  
FEDERAL  
BUREAU OF  
INVESTIGATION  
UNITED STATES  
DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [REDACTED]

RE: [REDACTED]

1. [REDACTED]

2. [REDACTED]

3. [REDACTED]

4. [REDACTED]

5. [REDACTED]

6. [REDACTED]

7. [REDACTED]

8. [REDACTED]

9. [REDACTED]

10. [REDACTED]

11. [REDACTED]

12. [REDACTED]

13. [REDACTED]

14. [REDACTED]

15. [REDACTED]

16. [REDACTED]

17. [REDACTED]

18. [REDACTED]

19. [REDACTED]

20. [REDACTED]

21. [REDACTED]

22. [REDACTED]

23. [REDACTED]

24. [REDACTED]

25. [REDACTED]

26. [REDACTED]

27. [REDACTED]

28. [REDACTED]

29. [REDACTED]

30. [REDACTED]

31. [REDACTED]

32. [REDACTED]

33. [REDACTED]

34. [REDACTED]

35. [REDACTED]

36. [REDACTED]

37. [REDACTED]

38. [REDACTED]

39. [REDACTED]

40. [REDACTED]

41. [REDACTED]

42. [REDACTED]

43. [REDACTED]

44. [REDACTED]

45. [REDACTED]

46. [REDACTED]

47. [REDACTED]

48. [REDACTED]

49. [REDACTED]

50. [REDACTED]

51. [REDACTED]

52. [REDACTED]

53. [REDACTED]

54. [REDACTED]

55. [REDACTED]

56. [REDACTED]

57. [REDACTED]

58. [REDACTED]

59. [REDACTED]

60. [REDACTED]

61. [REDACTED]

62. [REDACTED]

63. [REDACTED]

64. [REDACTED]

65. [REDACTED]

66. [REDACTED]

67. [REDACTED]

68. [REDACTED]

69. [REDACTED]

70. [REDACTED]

71. [REDACTED]

72. [REDACTED]

73. [REDACTED]

74. [REDACTED]

75. [REDACTED]

76. [REDACTED]

77. [REDACTED]

78. [REDACTED]

79. [REDACTED]

80. [REDACTED]

81. [REDACTED]

82. [REDACTED]

83. [REDACTED]

84. [REDACTED]

85. [REDACTED]

86. [REDACTED]

87. [REDACTED]

88. [REDACTED]

89. [REDACTED]

90. [REDACTED]

91. [REDACTED]

92. [REDACTED]

93. [REDACTED]

94. [REDACTED]

95. [REDACTED]

96. [REDACTED]

97. [REDACTED]

98. [REDACTED]

99. [REDACTED]

100. [REDACTED]

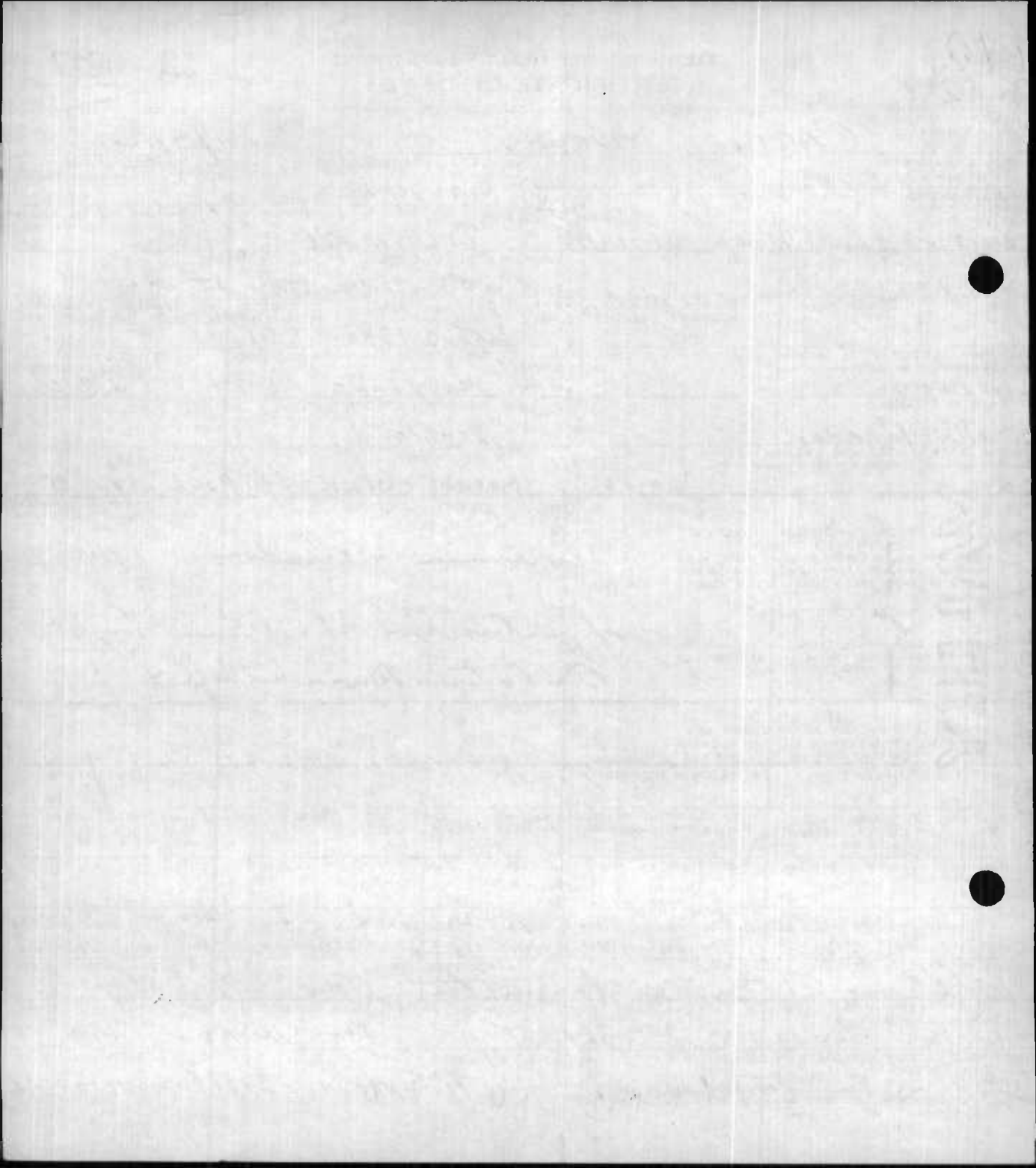


BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0217

610  
217

1. NAME OF DECEASED (Type or Print) <b>CARRIE MURPHY</b>		2. DATE OF DEATH <b>1/9/52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>16-06</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSP OF MD.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
6. Length of stay in Baltimore Yrs. <b>0</b> Mos. <b>0</b> Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>603 ASHBURTON ST N 16</b>	
7. SEX <b>F</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	10. DATE OF BIRTH <b>Sept 13 1880</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		12. AGE (in years last birthday) <b>71</b>	
13. FATHER'S NAME <b>John HARVEY</b>		14. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
17. SOCIAL SECURITY NO. <b>None</b>		18. INFORMANT ADDRESS <b>MRS. Doris BLOCK - 603 Ashburton St.</b>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>420.1</b>		20. CAUSE OF DEATH (A) <b>Chemia &amp; Atherosclerosis</b> DUE TO (B) <b>Hypertension with ASCVD Disease since 1945</b> DUE TO (C) <b>Old Posterior Myocardial Infarct</b>	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		22. INTERVAL BETWEEN ONSET AND DEATH <b>12/31/51</b> <b>since 1945 at least</b>	
23. DATE OF OPERATION <b>0</b>		24. MAJOR FINDINGS OF OPERATION	
25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
26. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	27. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	28. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
29. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	30. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	31. 21F. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from <b>12. 29</b> , 19 <b>51</b> , to <b>1/8</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1/8</b> , 19 <b>52</b> , and that death occurred at <b>3 PM.</b> , from the causes and on the date stated above.			
33. 23A. SIGNATURE <b>William G. Edmund</b>		34. 23B. ADDRESS <b>M. D. Lutheran Hosp.</b>	
35. 23C. DATE SIGNED <b>1/9/52</b>			
36. 24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	37. 24B. DATE <b>JAN. 12, 1952</b>	38. 24C. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVET</b>	39. 24D. LOCATION (City, town, or county) (State) <b>BALTIMORE - MD.</b>
40. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 9 - 1952</b>		41. REGISTRAR'S SIGNATURE <b>Wm. G. Edmund</b>	
42. 25. FUNERAL DIRECTOR <b>John F. Taxbury</b>		43. ADDRESS <b>2700 EDMONDSON AV.</b>	



140  
0218

# CERTIFICATE CORRECTED 1-17-52

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

52 0218

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HABEL, John

2. DATE  
OF  
DEATH

1-8-52

3. PLACE OF DEATH:

Baltimore City, Maryland

Baltimore

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

ANNE ARUNDEL

C. CITY OR TOWN

Severn

(If outside corporate limits, write RURAL and give township)

RURAL

D. STREET ADDRESS (If rural, give location)

New Cut Rd.

5200

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

3/19-1882

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

OWN Home G. Meade

11. BIRTHPLACE (State or foreign country)

Md., Baltimore

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

3. FATHER'S NAME

Donald Habel  
GEORGE K. RELYEA

14. MOTHER'S MAIDEN NAME

Margaret Weber  
KATHLYN A. CANARY

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Miss MARY L. RELYEA, R.F.D. #1, NEW FALTS, N.Y.

18. 420.0

217-07-3012

CAUSE OF DEATH Mrs. Margaret Habel,  
New Cut Road, Severn, Md.  
Uremia

INTERVAL BETWEEN ONSET AND DEATH

12/12-51  
to 1-8-52

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Heart Disease

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-17, 1952 to 1-8-52, that I last saw the deceased alive on 1-8, 1952, and that death occurred at 5 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Hendrichs

23B. ADDRESS

M.D. Franklin Sq. Hospital

23C. DATE SIGNED

1-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

JAN. 11, 1952

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN

24D. LOCATION (City, town, or county)

GLEN BURNIE, MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John Williams

25. FUNERAL DIRECTOR

2nd Brighton, Glen Burnie, Md.

57491

93D

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. Some words like "CIVIL" and "SOCIETY" are faintly visible.]*

# CERTIFICATE CORRECTED 1-17-52

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 0219

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

DOROTHY RITA FARROW

2. DATE  
OF  
DEATH

Jan. 8, 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or

HOSPITAL OR U.S. Public Health Service location)

Wyma Pk. Drive & 31st Street

Length of stay in Baltimore

?

Yrs.  
Mos.  
Days

SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

3. FATHER'S NAME

George Relyea

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Records- US PHS Hospital, Balto, Md.

18. 201X

### CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,  
heart failure, ashenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Hodgkin's Disease

ONE TO

### ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....  
ONE TO  
(C) Pyelonephritis, acute

INTERVAL BETWEEN  
ONSET AND DEATH

7 years

Unknown

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 19, 1951 to Jan. 8, 1952 that I last saw the  
deceased alive on Jan. 8, 1952, and that death occurred at 5:15 Pm., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Med. Dir. Clinical

23B. ADDRESS

US PHS Hospital, Balto, Md.

23C. DATE SIGNED

1-9-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

1/12/52

GLEN HAVEN

A. A. Co. Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1952

VS 150

44B

Jan. 8, 1958

DEBORAH W. T. PARRIS

Maryland

Deborah

New York

30

01/10/18

1958

Ohio

Asenlynn Germany

Research - US PHS Hospital, Baltimore, Md.

ROCKMAN'S

Psychoneurosis, acute

32

Jan. 8

1958

32

Jan. 8

1-1-58

US PHS Hospital, Baltimore, Md.

John D. ...



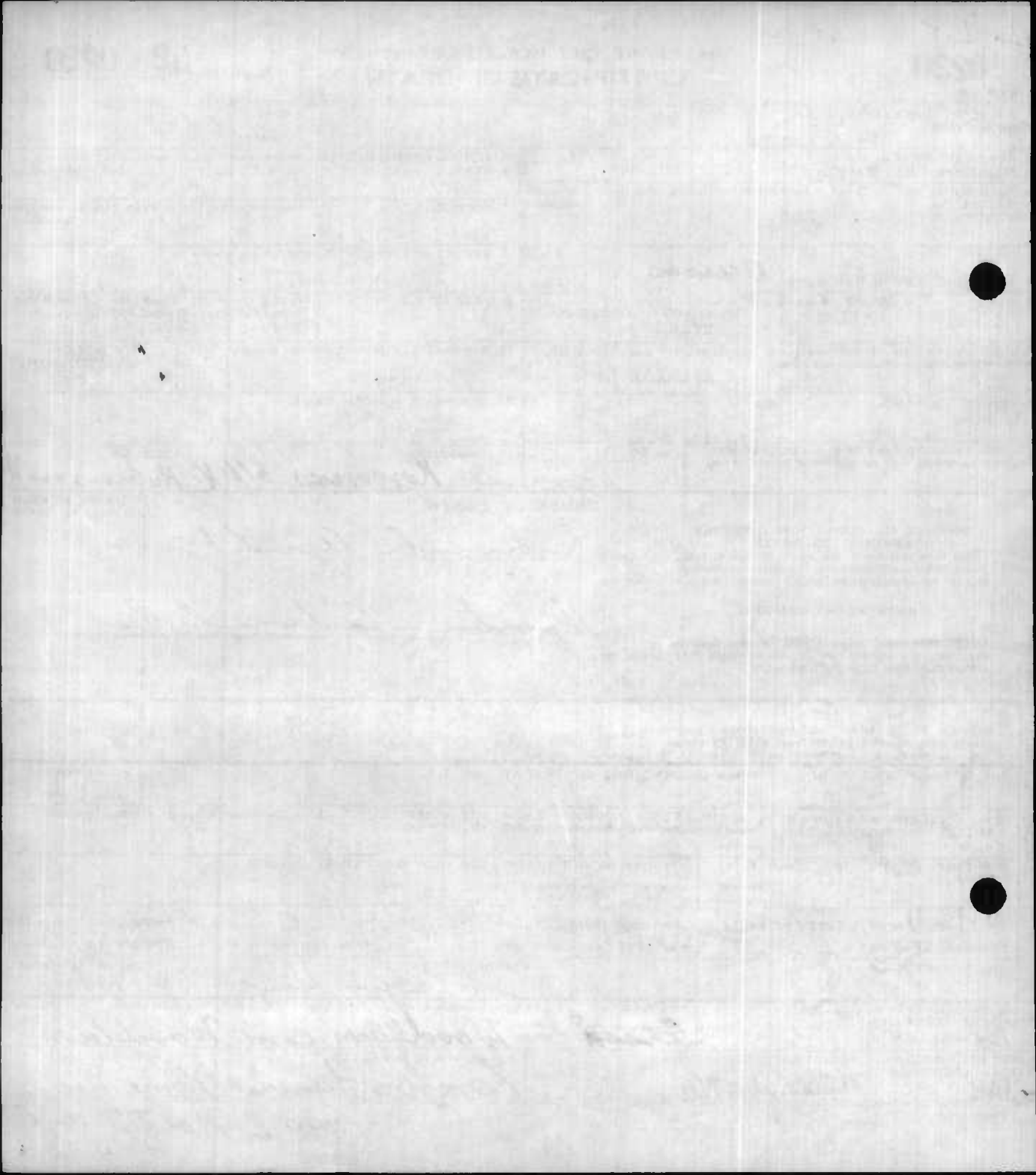
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0220BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0220

1. NAME OF DECEASED (Type or Print) Mike Apesos		2. DATE OF DEATH 1 7 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 03A	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. 7-01	
6. Length of stay in Baltimore 6 years		D. STREET ADDRESS (If rural, give location) 3029 McKeldery St.	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pickler		12. BIRTHPLACE (State or foreign country) Greece	
13. FATHER'S NAME Markos		14. MOTHER'S MAIDEN NAME Paulidas	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 232-10-1264	
17. INFORMANT ADDRESS L. Roxanas 616 N. Robinson St.		18. CAUSE OF DEATH	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebrovascular Accident	
20. ANTECEDENT CAUSES		(B) Hypertension Cardiovascular dis	
21. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
23. DATE OF OPERATION 0		24. MAJOR FINDINGS OF OPERATION	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. TIME (Month) (Day) (Year) (Hour) OF INJURY	
29. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from 1/5/52 to 1/7/52, that I last saw the deceased alive on 1/7/52 and that death occurred at 3:45 P.m., from the causes and on the date stated above.			
32. SIGNATURE [Signature]		33. ADDRESS [Signature] M. D.	
34. BURIAL, CREMATION, REMOVAL (Specify) Burial		35. DATE 1/7/52	
36. NAME OF CEMETERY OR CREMATORY [Signature] Woodlawn Cem. Woodlawn		37. LOCATION (City, town, or county) (State)	
38. DATE RECEIVED BY LOCAL REGISTRAR JAN 9 - 1952		39. REGISTRAR'S SIGNATURE [Signature]	
40. FUNERAL DIRECTOR [Signature]		41. ADDRESS 440 E North ave 931	

MEDICAL CERTIFICATION





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0221

655  
2 0221  
BIRTH NO.

1. NAME OF DECEASED  
Type or Print) GIOVANNI GERMANO

2. DATE OF DEATH January 8, 1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Maryland  
B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital

6. CITY OR TOWN (If outside corporate limits, write USAL and give township) Baltimore

7. STREET ADDRESS (If rural, give location) 1208 E. Baltimore Street

8. DATE OF BIRTH June 21, 1887

9. AGE (In years last birthday) 64

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. LABORER

11. BIRTHPLACE (State or foreign country) Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Antonio Germano

14. MOTHER'S MAIDEN NAME Virginia Donato

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or date of service) Yes, no or unknown

16. SOCIAL SECURITY NO. 212-22-5770

17. INFORMANT Mary Germano

18. ADDRESS

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) Old subdural hemorrhage with membrane formation & recent secondary hemorrhage

(B) Terminal bronchopneumonia

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street

21C. WHERE DID INJURY OCCUR? Baltimore Street, 175' east of Aisquith

21D. TIME (Month) (Day) (Year) (Hour) Nov. 6, 1951 8:00 P. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William V. Smith

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR

23C. DATE SIGNED Jan. 8, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Jan. 12, 1952

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer

24D. LOCATION (City, town or county) (State) Belair Hg. Md.

DATE RECEIVED BY LOCAL REGISTRAR JAN 9 - 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

VS 151

N- 854.1

97083

170c

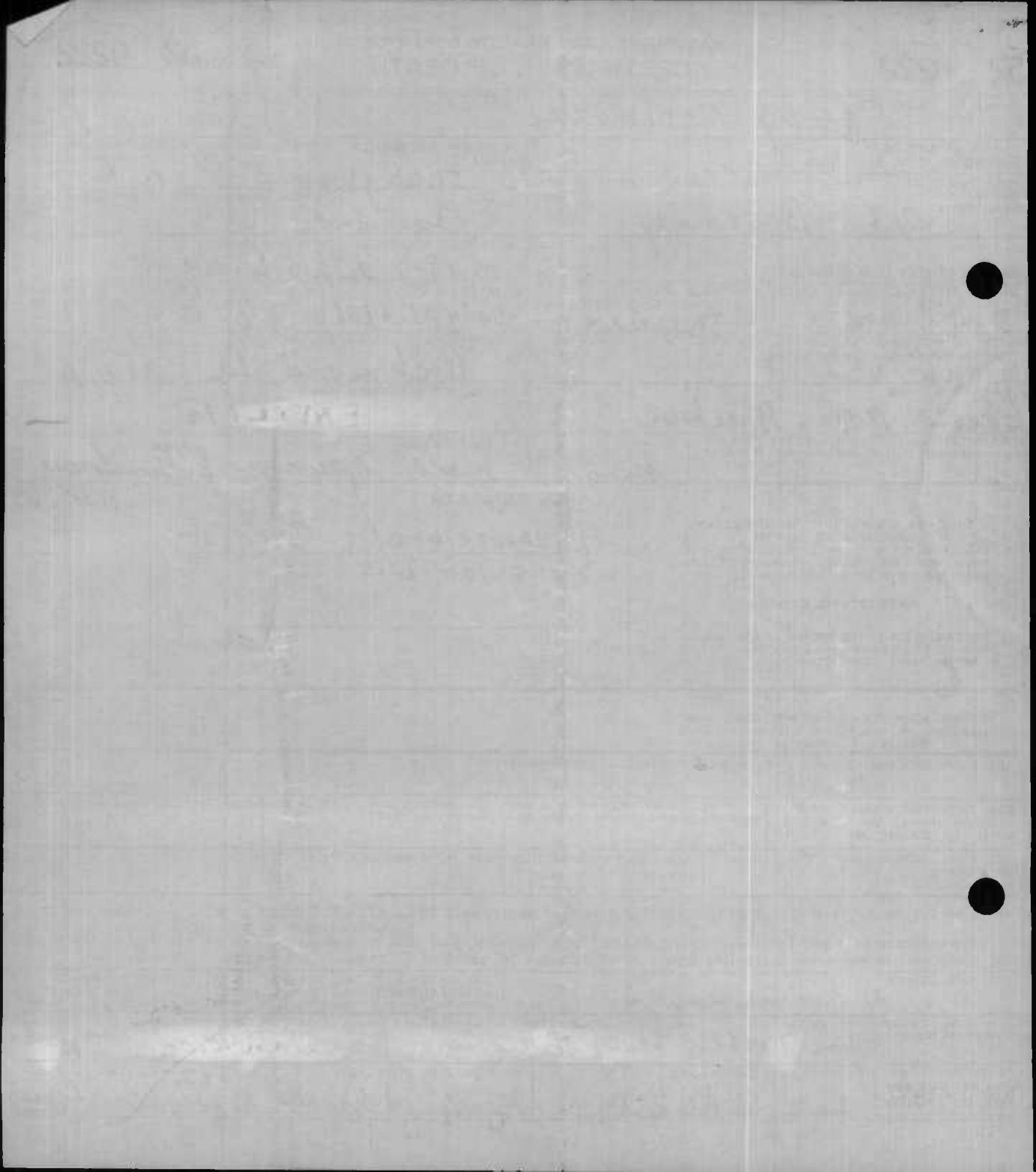
159

159

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0222

1. NAME OF DECEASED (Type or Print) <b>Ruby Marinozzi</b>		2. DATE OF DEATH <b>Jan. 5, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> C. CITY OR TOWN <b>Baltimore</b> D. STREET ADDRESS (If rural, give location) <b>518 S Broadway</b>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>518 S. Broadway</b>		6. AGE (In years, last birthday) <b>50</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>July 31, 1901</b>		9. AGE (In years, last birthday) <b>50</b> 10. MONTHS <b>1</b> YEAR <b>1</b> HOURS <b>24</b> MIN. <b>15</b>	
11. BIRTH PLACE (State or foreign country) <b>Richmond Va</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Charles. Robb. Marker</b>		14. MOTHER'S MAIDEN NAME <b>EMILIA</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>none</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>James. Marinozzi</b>		18. ADDRESS <b>518 Broadway</b>	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic Cardio-Vascular Disease</b>		20. INTERVAL BETWEEN ONSET AND DEATH	
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ..... (C) .....			
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION		24. MAJOR FINDINGS OF OPERATION	
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION	
27. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		30. HOW DID INJURY OCCUR?	
31. TIME (Month) (Day) (Year) (Hour) OF INJURY		32. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK	
33. I certify that I took charge of the remains described above, held an <b>Inspection</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
34. SIGNATURE <b>Wm. H. Kanner, Jr.</b>		35. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR..... <b>Jan. 6, 1952</b>	
36. BURIAL, CREMATION, REMOVAL (Specify)		37. DATE <b>Jan. 9 1952</b>	
38. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>		39. LOCATION (City, town, or county) <b>Baltimore Md</b>	
40. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 9-1952</b>		41. REGISTRAR'S SIGNATURE <b>Wendell J. Hippel</b>	
42. FUNERAL DIRECTOR <b>Wendell J. Hippel</b>		43. ADDRESS <b>312 Highland Ave</b>	



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered **52 0223**

1. NAME OF DECEASED (Type or Print) <b>Ray Martin</b>		2. DATE OF DEATH <b>1-8-51</b>	
3. PLACE OF DEATH: Baltimore City, Maryland <b>University Hosp</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Washington</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>University Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Oakland</b>	
6. Length of stay in Baltimore <b>1</b> Yrs. <b>1</b> Mo. <b>1</b> Days		D. STREET ADDRESS (If rural, give location) <b>7100</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. AGE (In years last birthday) <b>31</b>	10. Under 1 Year Months <b>5</b> Days <b>0</b>
11. BIRTHPLACE (State or foreign country) <b>Maryland.</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Ray E. Martin</b>		14. MOTHER'S MAIDEN NAME <b>Ida M. Martin</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Clyde Shaffer</b>		ADDRESS <b>26 Midland Rd. Middle River</b>	
18. <b>E822.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Lower Nephron Nephrosis AND uremia</b>		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Crushing injuries</b>		7 days	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Multiple pelvic fractures</b>		M. D. <b>H. D.</b>	
21. DATE OF OPERATION <b>1-7-51</b>		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
24. ACCIDENT WAS UNOER-LYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>road</b>	26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Oakland, Maryland</b>	
27. TIME (Month) (Day) (Year) (Hour) <b>Jan. 1, 1952 9:30 A. m.</b>	28. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	29. HOW DID INJURY OCCUR? <b>Crushed by overturned tractor</b>	
30. I hereby certify that I attended the deceased from <b>1-7-51</b> , 19 <b>51</b> , to <b>1-8-51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-8-51</b> , and that death occurred at <b>2:00</b> a. m., from the causes and on the date stated above.			
31. SIGNATURE <b>Wm. Cook Inc.</b>		32. ADDRESS <b>1217 St. Paul St.</b>	
33. DATE SIGNED <b>1-8-51</b>			
34. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	35. DATE <b>1 8 52</b>	36. NAME OF CEMETERY OR CREMATORY <b>Red House</b>	37. LOCATION (City, town, or county) (State) <b>Oakland, Md.</b>
38. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 9 - 1952</b>		39. REGISTRAR'S SIGNATURE <b>Wm. Cook Inc.</b>	
40. FUNERAL DIRECTOR <b>Wm. Cook Inc.</b>		41. ADDRESS <b>1217 St. Paul St.</b>	

LONG

STATION

STATION

STATION

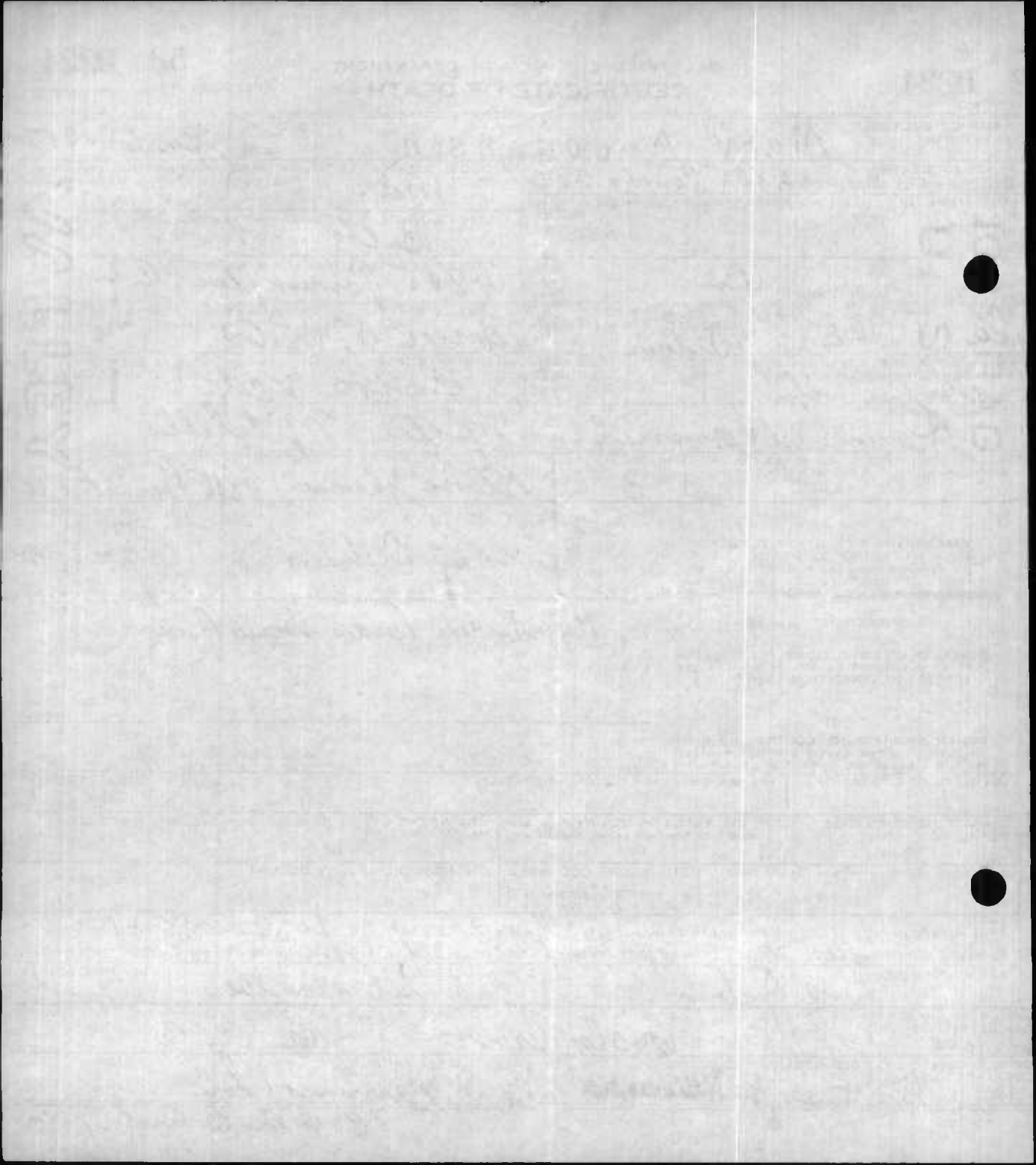
STATION

STATION



525  
2 0224BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0224  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary A. Johanson		Jan. 6 <sup>th</sup> 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
4805 Pennington Ave		A. STATE: Md. B. COUNTY: before admission)	
5. FULL NAME OF HOSPITAL OR INSTITUTION		6. CITY OR TOWN	
		Balto.	
7. Length of stay in Baltimore		8. STREET ADDRESS (If rural, give location)	
Life		4805 Pennington Ave	
9. SEX	10. COLOR OR RACE	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	12. DATE OF BIRTH
male	White	Widow	Mar. 15 <sup>th</sup> 1892
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. BIRTHPLACE (State or foreign country)	
House-wife		Balto. Md.	
15. FATHER'S NAME		16. MOTHER'S MAIDEN NAME	
James Hammil		Mollie Mitchell	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. 18. 420.1		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		(A) Coronary Occlusion	
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		DUE TO	
ANTECEDENT CAUSES		(B) Hypertensive Cordis-Vascular Disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
II		(C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
22. TIME (Month) (Day) (Year) (Hour)		23. INJURY OCCURRED	
INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
24. I hereby certify that I attended the deceased from Jan 3, 1951, to Jan 6, 1952, that I last saw the deceased alive on Dec. 24, 1951, and that death occurred at 6:30 p. m., from the causes and on the date stated above.		25. HOW DID INJURY OCCUR?	
26A. SIGNATURE		26B. ADDRESS	
Paul Lubin		320 Outagamie Ave	
M. D.		26C. DATE SIGNED	
27A. BURIAL, CREMATION, REMOVAL (Specify)		27B. DATE	
Burial		1/9/52	
27C. NAME OF CEMETERY OR CREMATORY		27D. LOCATION (City, town, or county) (State)	
Holy Cross		A. A. Co.	
DATE RECEIVED BY LOCAL REGISTRAR		28. REGISTRAR'S SIGNATURE	
JAN 9 1952		Huntington Williams, M.D.	
VS 150		29. FUNERAL DIRECTOR	
		E. J. Parnum, Inc.	
		1804 E. Belvidere Ave.	
		937	



## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

52 0225

BIRTH NO. 52 0225 52-00277

1. NAME OF DECEASED  
(Type or Print)

EARL E. AKEHURST

2. DATE  
OF  
DEATH

Jan. 9 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Univ. Varsity Hospital

C. Length of stay in Baltimore

LIFE 4 Days

5. SEX

Male

6. COLOR OF RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md -

12. CITIZEN OF  
WHAT COUNTRY?

US

13. FATHER'S NAME

Tilden AKEHURST

14. MOTHER'S MAIDEN NAME

Jane Ashley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

4605 (Mother) Same

18. 7605 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Premia Intracranial Hemorrhage 4th p

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Prematurity

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Jan 9 1952 to Jan 9 1952 that I last saw the  
deceased alive on Jan 9 1952 and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

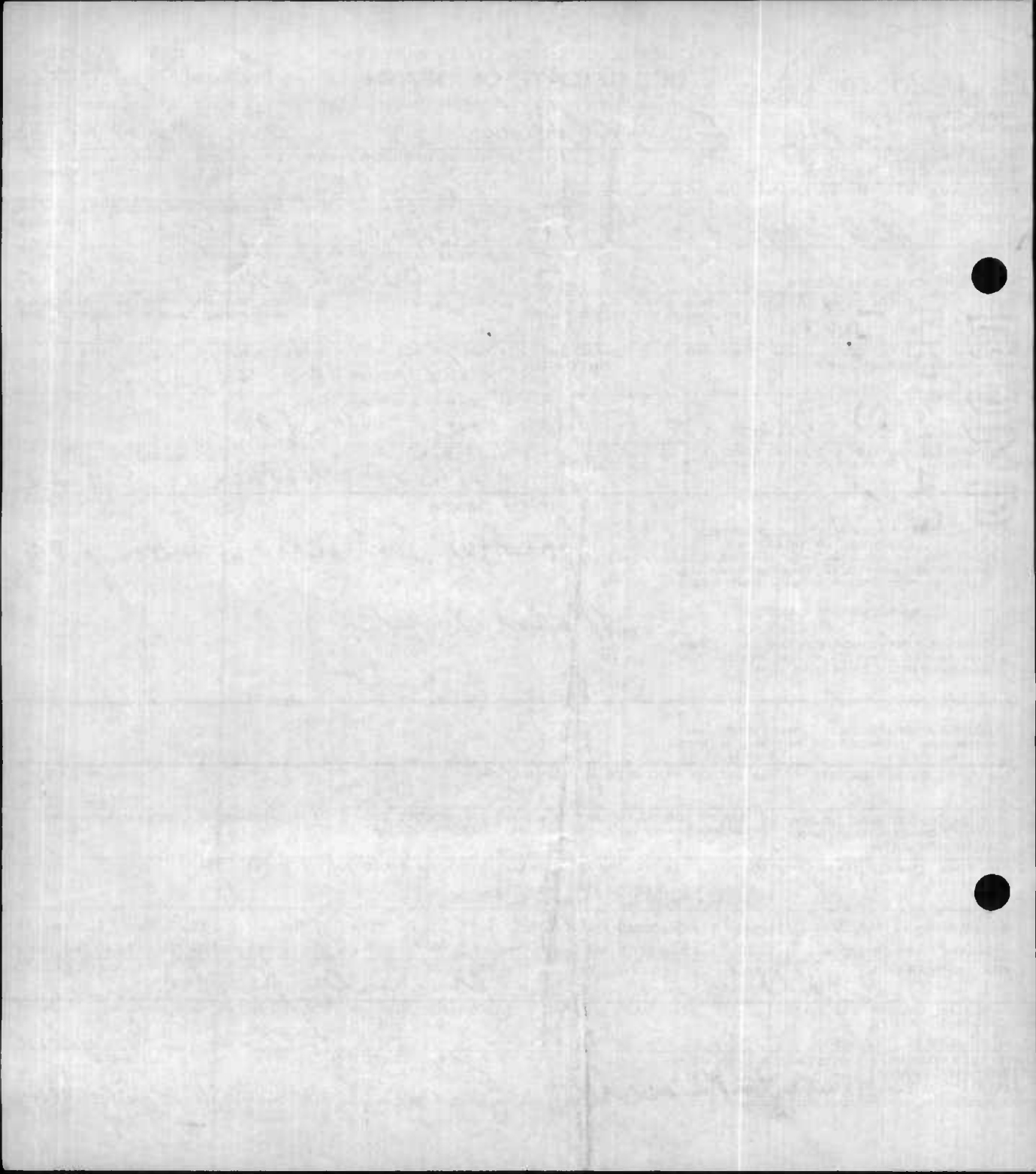
25. FUNERAL DIRECTOR

ADDRESS

JAN 9 - 1952

Huntington Williams, M.D.

Loring Ryan 5005 Pk. Heights Ave



126		L10288 Fo. 2200		BALTIMORE CITY HEALTH DEPARTMENT		52 0226	
0226				CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.							
1. NAME OF DECEASED Type or Print)				2. DATE OF DEATH			
George William Melchior				1-7-52			
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
FULL NAME OF (If not in hospital or institution, give street address or location)				A. STATE B. COUNTY			
HOSPITAL OR INSTITUTION				2604 Gwyndale Ave.			
				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
				Baltimore			
5. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)			
Life				2604 Gwyndale Ave.			
6. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Male		White		Married		2-4-1864	
9. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		9. AGE (in years last birthday)		11. BIRTHPLACE (State or foreign country)	
Agent		Insurance Co.		87		Baltimore Md.	
3. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Otto Melchior				Mary Elliott			
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service)				16. SOCIAL SECURITY NO.			
No.				None			
				17. INFORMANT ADDRESS			
				Sabila V. Melchior 2604 Gwyndale Ave.			
18. E 900.0				CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH				21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
				home			
21C. WHERE DID CHIEF OR ASST. MEDICAL EXAMINER INJURY OCCUR?				2604 Gwyndale Ave.			
21D. TIME (Month) (Day) (Year) (Hour) OF DEATH				21E. INJURY OCCURRED			
Jan 7. 1952. 7 m.				WHILE AT WORK [ ] NOT WHILE AT WORK [ ]			
22. I hereby certify that I attended the deceased from July, 1941, to January, 1952, that I last saw the deceased alive on Jan 7, 1952, and that death occurred at 7:00 m. from the causes and on the date stated above.				21F. HOW DID INJURY OCCUR?			
23. SIGNATURE				23B. ADDRESS			
Wm. Thos. J. Afford				4509 Liberty Heights Ave.			
M. D.				23C. DATE SIGNED			
				1-9-52			
4A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		1-10-52		Baltimore		Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
JAN 10 1952		Huntington Williams, Jr.		Ellsworth Armacost		4600 Liberty Heights Ave.	
VS 150		N-810.0				186a	

55 0238

1-1-52

George William Lathrop  
Baltimore, Md.

2804 Bayndale Ave.

Baltimore

2804 Bayndale Ave.

Life

87

2-4-1-52

Married

White

Male

Baltimore, Md.

Insurance Co.

Agent

Mary Elliott

Otto Melchior

2804 Bayndale Ave. Baltimore, Md.

Home

50.

WILLIAMSON  
STATIONERS  
FOND  
GUTHRIE  
A. F. A.

Baltimore, Md.

Baltimore

1-10-52

trial

Baltimore, Md.  
2804 Bayndale Ave.



5720  
0227BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0227  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Jones

2. DATE  
OF  
DEATH

1/7/52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

507 Mosher St

5. Length of stay in Baltimore

50 days

6. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct 24 - 1883

9. AGE (in years  
last birthday)

68

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salad Girl

10B. KIND OF BUSINESS OR  
INDUSTRY

Rest.

11. BIRTHPLACE (State or foreign country)

Westpoint, Va.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

William Bell

14. MOTHER'S MAIDEN NAME

Alice?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No, no or unknown)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Emma Williams - 214 W. 140th St  
N. City

18. 443 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction - sudden death

INTERVAL BETWEEN  
ONSET AND DEATH

Several years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Congestive failure, anasarca.

Lungs.

(C)

Pulmonary infarction - complication of pneumonia

10 days

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6/51, 19, to 1/7/51, 19, that I last saw the  
deceased alive on 1/7/51, 19, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 10 1952

J. B. Williams

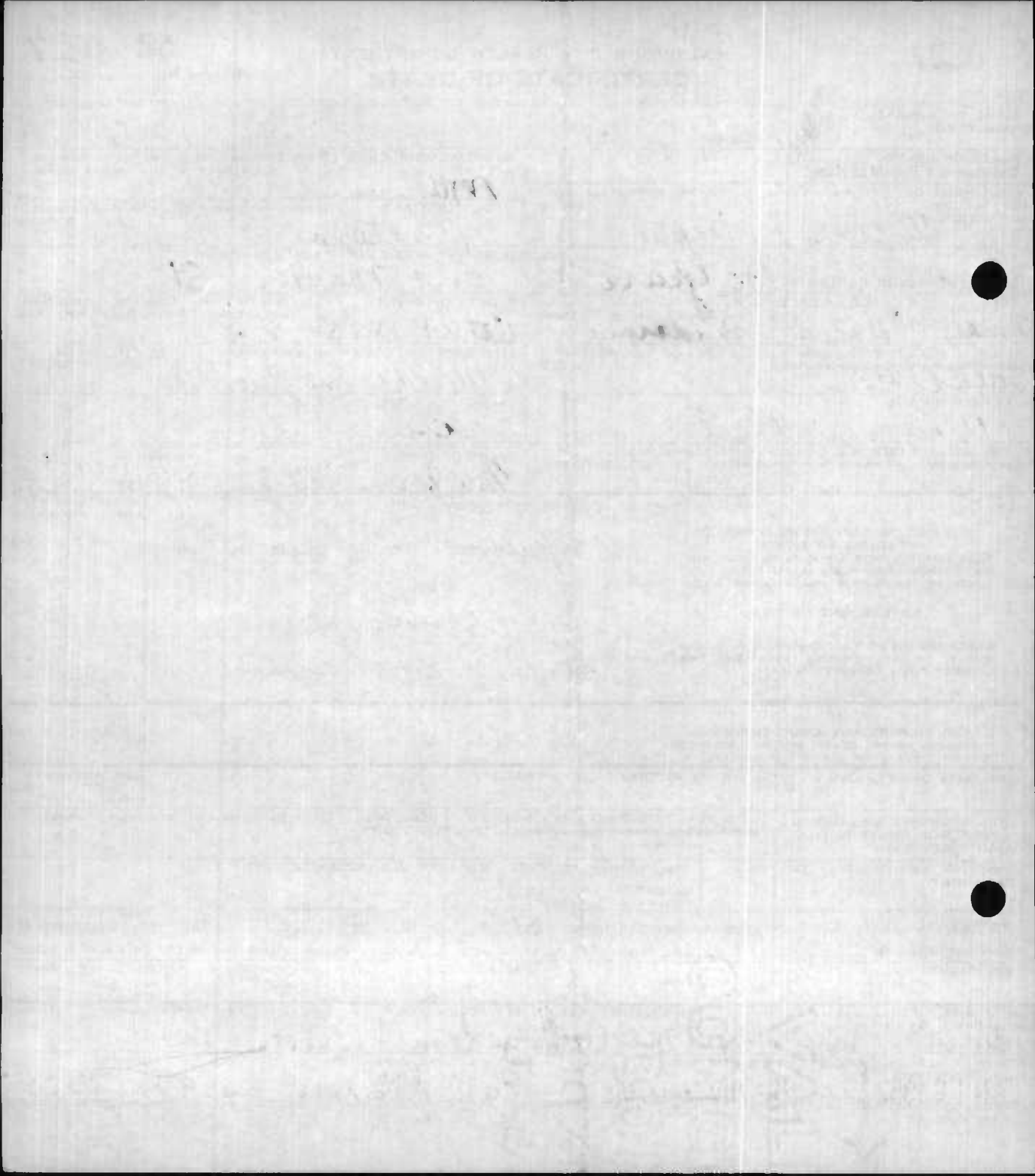
Earl Lefmore - 519 Mosher St

VS 150

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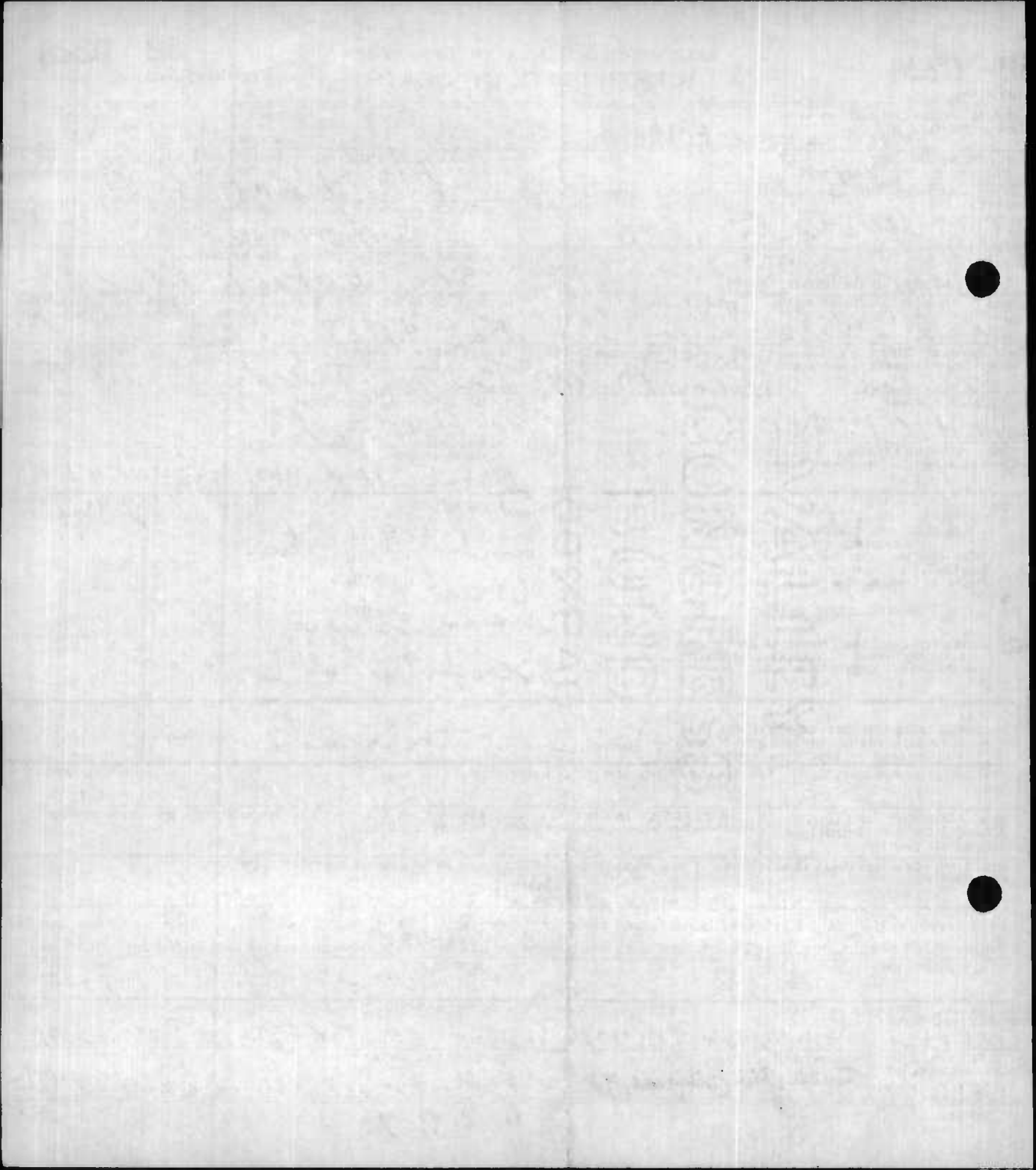
500  
02 0228BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0228

1. NAME OF DECEASED (Type or Print) <i>Miss Irma E. Wehn</i>		2. DATE OF DEATH <i>Jan. 7, 1952</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE Rural</i>	
6. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>500 DUNKIRK Rd. 5200</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	10. DATE OF BIRTH <i>FEB. 4, 1889</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chemical</i>		12. AGE (in years last birthday) <i>62</i>	
13. FATHER'S NAME <i>JOHN P. WEHN.</i>		14. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>ANNA, E.</i>	
19. INFORMANT <i>MRS. ELSIE W. ALMY</i>		20. ADDRESS <i>500 DUNKIRK RD</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Infarction</i> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary Sclerosis</i> <i>Anteriorly located CVD</i> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Ventricular Tachycardia</i>			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 7, 1952</i> , to <i>Jan. 7, 1952</i> , that I last saw the deceased alive on <i>Jan. 7, 1952</i> , and that death occurred at <i>10:50 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>F. J. Boyce</i>		23B. ADDRESS <i>University Hospital</i>	
23C. DATE SIGNED <i>1-7-52</i>		24A. BURIAL, CREMATION, OR REMOVAL (Specify) <i>BURIAL</i>	
24B. DATE <i>JAN. 10, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>DRUID RIDGE CEM</i>	
24D. LOCATION (City, town, or county) (State) <i>PIKESVILLE BALTO MD</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 10 1952</i>	
REGISTRAR'S SIGNATURE <i>Timothy J. Williams</i>		25. FUNERAL DIRECTOR <i>Charles E. Deloria</i>	
ADDRESS <i>Baltimore City</i>			

39093 227

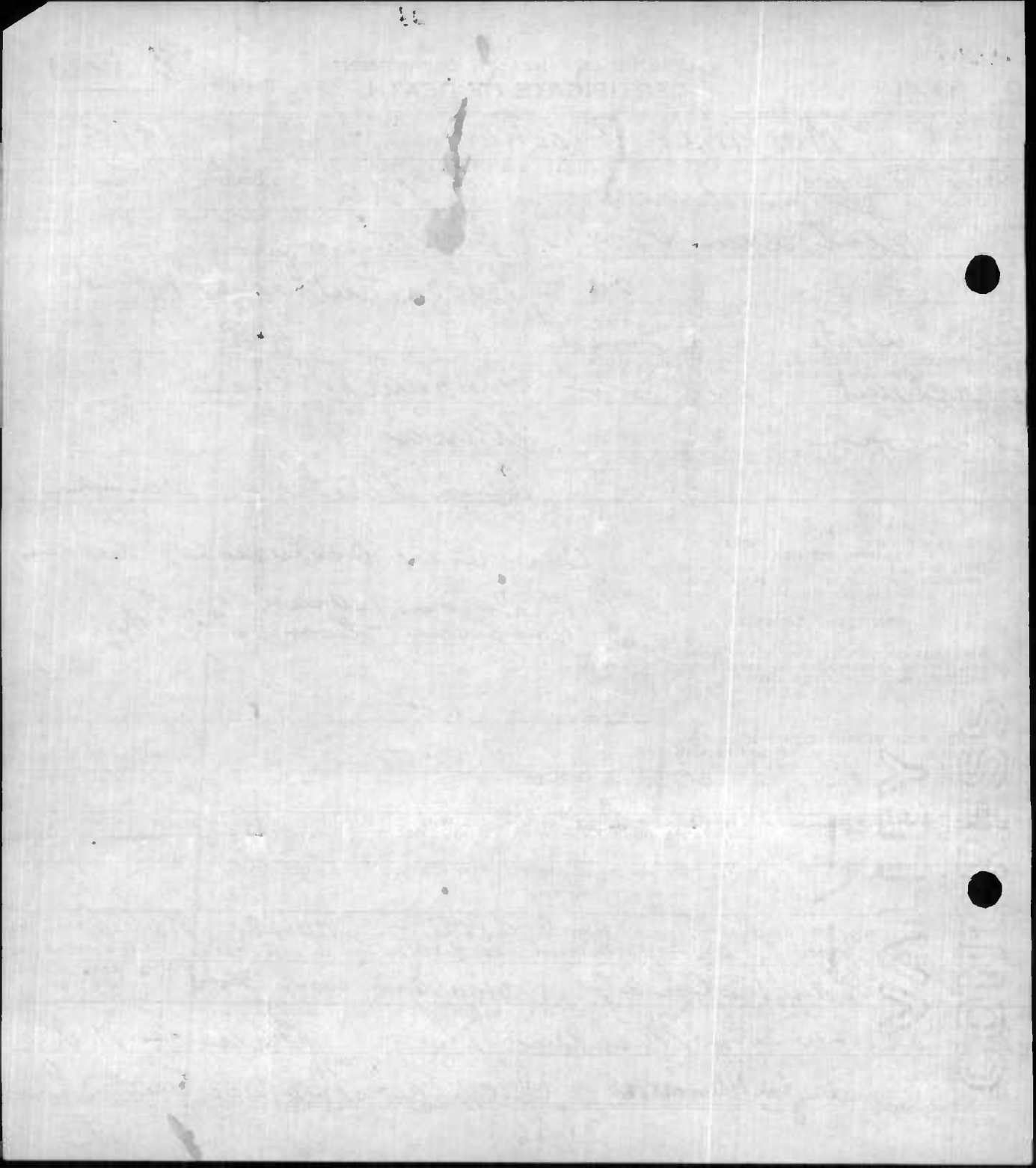
937



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 0229  
Registered No. \_\_\_\_\_

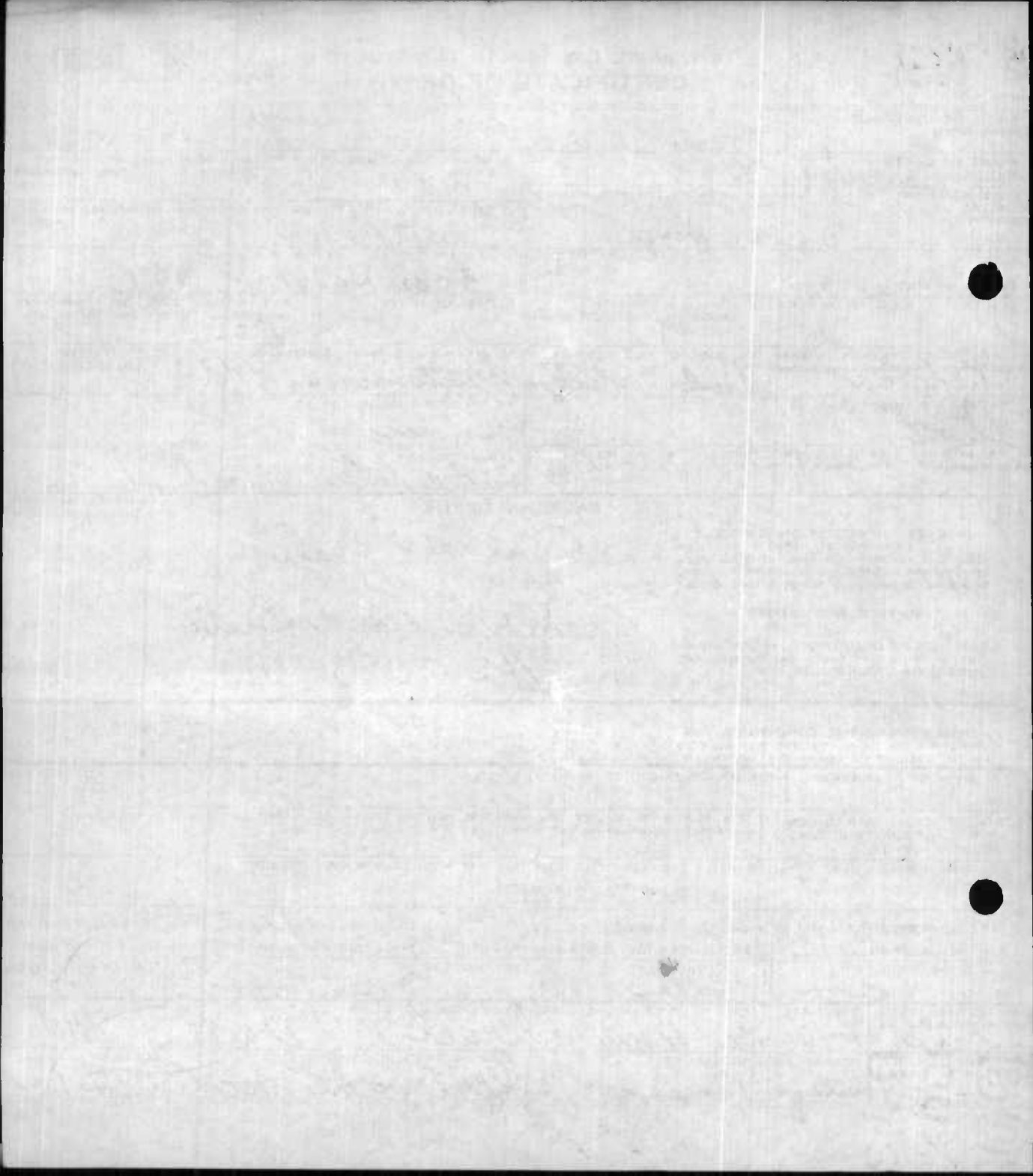
1. NAME OF DECEASED (Type or Print) <b>Mortimer Fischer</b>		2. DATE OF DEATH <b>1/8/52.</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>Md</b> B. COUNTY _____	
5. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <b>Leatherum Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write full name, and give township) <b>Baltimore 15-10</b>	
6. Length of stay in Baltimore <b>20</b> Yrs. <input checked="" type="checkbox"/> Mos. <input type="checkbox"/> Days		D. STREET ADDRESS (If rural, give location) <b>4003 Chatham Road</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	10. DATE OF BIRTH <b>4-8</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, when retired) <b>Merchant</b>		12. BIRTHPLACE (State or foreign country) <b>Savannah Ga</b>	
13. FATHER'S NAME <b>Isadore</b>		14. MOTHER'S MAIDEN NAME <b>Hanna</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>en, no or unknown</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <b>Leah Fischer -</b>		ADDRESS <b>same</b>	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Occlusion</b> DUE TO <b>Previous attack 2m 8/4/49</b> <b>Coronary Thrombosis</b> DUE TO <b>—</b> DUE TO <b>—</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>about 1941</b> , 19____, to <b>Jan. 8, 1952</b> , that I last saw the deceased alive on <b>Jan. 3, 1952</b> , and that death occurred at <b>9:20 P.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Stanhart Strutz</b> M. D.		23B. ADDRESS <b>3100 Garrison Blvd.</b>	23C. DATE SIGNED <b>1/9/52.</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1-10-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Moshkin Israel</b>	24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>
25. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 10 1952</b>	REGISTRAR'S SIGNATURE <b>Wm. Williams</b>	25. FUNERAL DIRECTOR <b>2 Jacob Lewis Inc 2100 Eutan Pl</b>	



325  
2 0230BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0230  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Katz, Louis P		1-9-52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-16	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3001 Rosalind Ave	
7. SEX M	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	10. DATE OF BIRTH
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		12. AGE (In years last birthday) 72	
13. FATHER'S NAME Shott		14. BIRTHPLACE (State or foreign country) Baltimore Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. CITIZEN OF WHAT COUNTRY? U. S. A.	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Jenne	
19. ADDRESS Sadie Katz 2135 Linden Ave		20. ADDRESS	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cong Ht failure Myocardial Infarction A S CVD		22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		24. INTERVAL BETWEEN ONSET AND DEATH	
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION	
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		30. HOW DID INJURY OCCUR?	
31. TIME (Month) (Day) (Year) (Hour) OF INJURY		32. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
33. I hereby certify that I attended the deceased from 12-21-1951 to 1/9/1952, that I last saw the deceased alive on 1/9/1952, and that death occurred at 8:10 A. M., from the causes and on the date stated above.		34. SIGNATURE Gerome J. Ledler M. D.	
35. ADDRESS Sinai Hosp		36. DATE SIGNED 1-9-52	
37. BURIAL, CREMATION, REMOVAL (Specify)		38. DATE	
39. NAME OF CEMETERY OR CREMATORY Anat Israel		40. LOCATION (City, town, or county) (State) Balto Md	
41. DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1952		42. REGISTRAR'S SIGNATURE Franklin Williams	
43. FUNERAL DIRECTOR JACK FAWCETT		44. ADDRESS 2100 Centon Pl	







**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

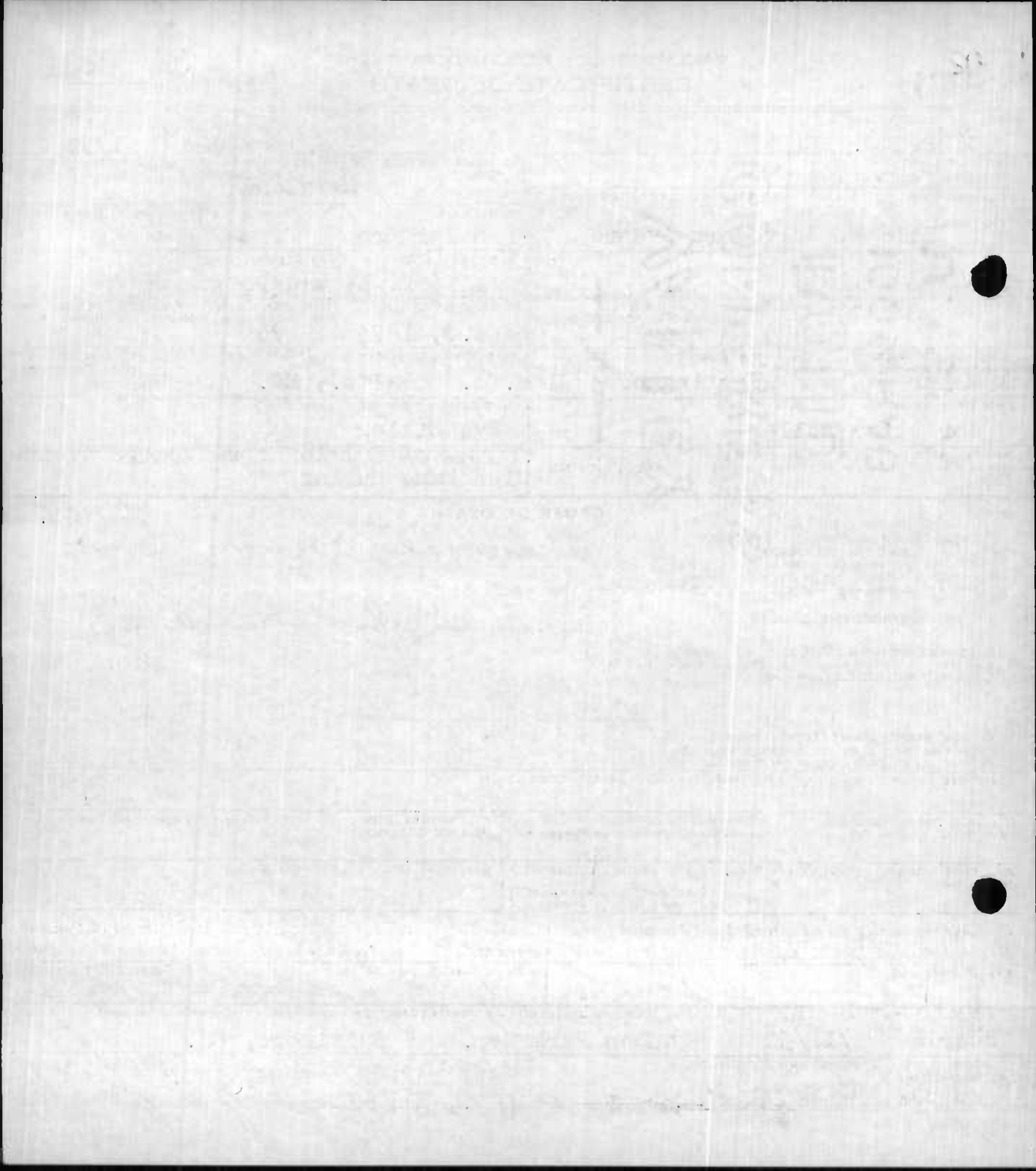
52 0231  
Registered No.

460  
0231

1. NAME OF DECEASED (Type or Print) <b>GEORGE J. MULLER</b>		2. DATE OF DEATH <b>Jan 8, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>1116 E. Belvedere Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write CUKAL and give township) <b>Baltimore</b>	
6. DURATION of stay in Baltimore <b>Life</b> Yrs. <b>Life</b> Mos. <b>Life</b> Days		D. STREET ADDRESS (If rural, give location) <b>1116 E. Belvedere Avenue</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>Sept. 8, 1875</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tool Maker</b>		12. AGE (in years, last birthday) <b>76</b>	
13. KIND OF BUSINESS OR INDUSTRY <b>Westinghouse Elec. Co.</b>		14. BIRTHPLACE (State or foreign country) <b>Balto., Md.</b>	
15. FATHER'S NAME <b>Christiam Muller</b>		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		18. SOCIAL SECURITY NO.	
19. MOTHER'S MAIDEN NAME <b>Eva Miller</b>		20. INFORMANT <b>1116 E. Belvedere Avenue Miss Emma Muller</b>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>332X I Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO <b>Generalized arteriosclerosis</b>		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b>		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 31, 1951</b> to <b>Jan 8, 1952</b> , that I last saw the deceased alive on <b>Dec 7, 1951</b> and that death occurred at <b>2:00 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Robert J. Hayes</b>		23B. ADDRESS <b>101 E. Biddle St.</b>		23C. DATE SIGNED <b>1/9/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/11/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Louison Park Cem.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 10 1952</b>		REGISTRAR'S SIGNATURE <b>Henry Sander</b>		26. ADDRESS <b>BALTO., MD.</b>	



620  
2 0232BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0232

BIRTH NO.

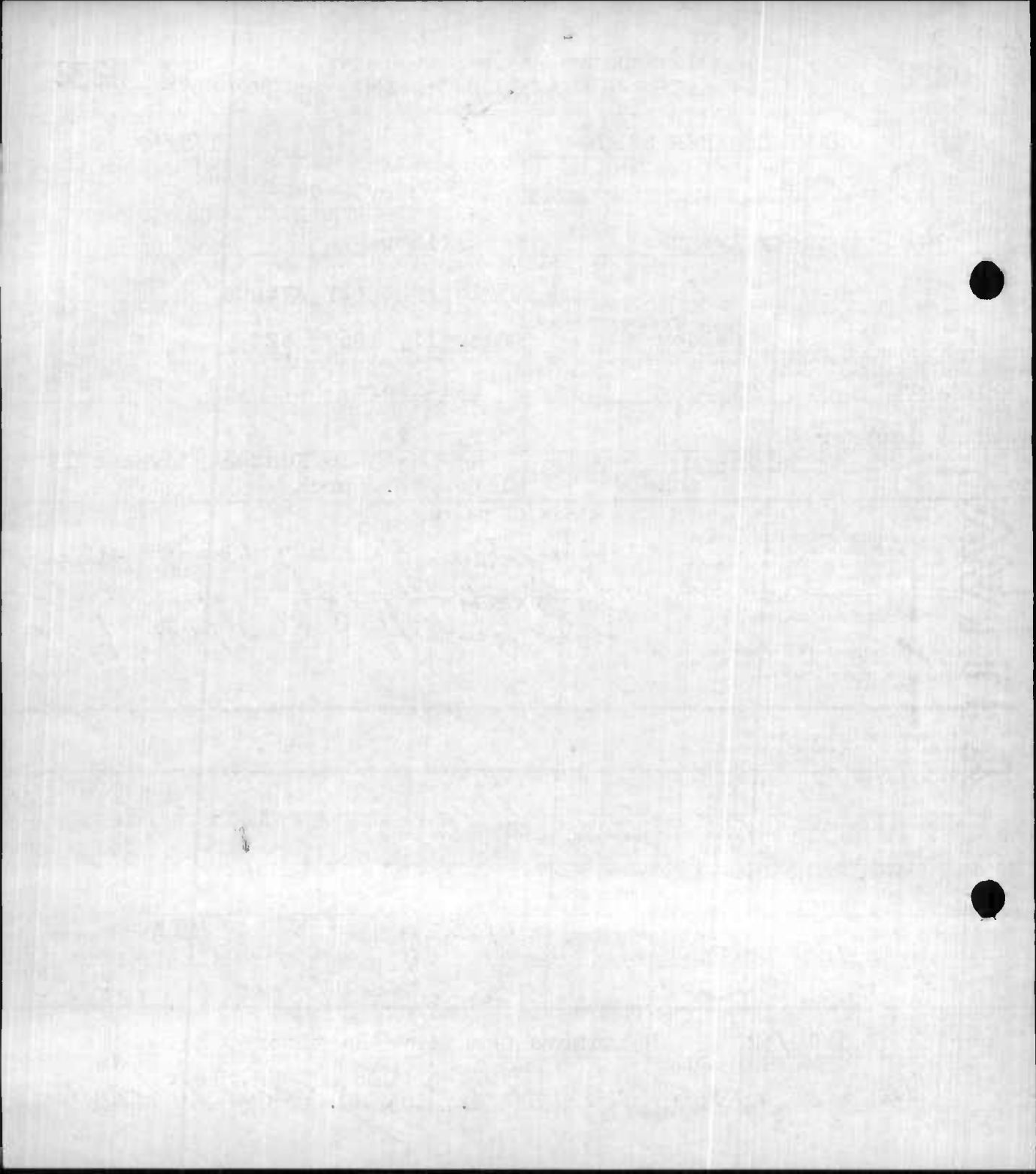
1. NAME OF DECEASED (Type or Print) <b>MARY LECKNER BURCK</b>		2. DATE OF DEATH <b>1/8/52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>3416 Kentucky Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3416 Kentucky Avenue</b>	
7. SEX <b>F</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	10. DATE OF BIRTH <b>Dec. 11, 1869</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		12. AGE (in years last birthday) <b>82</b>	
13. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		14. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
15. FATHER'S NAME <b>Anthony Leckner</b>		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		18. SOCIAL SECURITY NO. <b>none</b>	
19. MOTHER'S MAIDEN NAME <b>Mary ?</b>		20. INFORMANT <b>3416 Kentucky Avenue 13 Milford L. Burck</b>	

18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive Cardio-Vascular Heart Disease Myocardial Failure, ventr</b>		INTERVAL BETWEEN ONSET AND DEATH <b>year. few days</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>19 38</b> , 19 <b>38</b> , to <b>1 8</b> , 19 <b>52</b> that I last saw the deceased alive on <b>1-5</b> , 19 <b>52</b> and that death occurred at <b>6 A.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>William R. Francis</b>		23B. ADDRESS <b>3025 Belair Road</b>		23C. DATE SIGNED <b>1-8-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>1/10/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. STATE <b>Md.</b>		25. FUNERAL DIRECTOR <b>HENRY SANDER &amp; SONS, INC.</b>	
24F. ADDRESS <b>BALTO. 233 MD.</b>		24G. SIGNATURE <b>Henry R. Sander</b>		24H. ADDRESS <b>BALTO. 233 MD.</b>	

DATE RECEIVED BY LOCAL REGISTRAR  
JAN 10 1952

REGISTRAR'S SIGNATURE



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 0233  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Albert B. Geerken</b>		2. DATE OF DEATH <b>Jan. 9, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Ma.</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hospital (DOR)</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>5111 Old Frederick Rd.</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	10. DATE OF BIRTH <b>Sept. 15, 1885</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Industrial Engineer</b>		12. AGE (In years last birthday) <b>66</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
13. KIND OF BUSINESS OR INDUSTRY <b>Industrial Belts</b>		14. BIRTHPLACE (State or foreign country) <b>New York</b>	
15. CITIZEN OF WHAT COUNTRY?		16. CITIZEN OF WHAT COUNTRY?	
17. FATHER'S NAME <b>Albert F. Geerken</b>		18. MOTHER'S MAIDEN NAME <b>Fannie P. Davis</b>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		20. SOCIAL SECURITY NO.	
21. INFORMANT <b>Mrs. Phyllis M. Geerken</b>		22. ADDRESS <b>5111 Old Frederick Rd.</b>	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>Wm. H. Kammer, Jr.</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>Jan. 9, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>1/10/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cem.</b>	
24D. LOCATION (City, town, or county) <b>Brooklyn, N. Y.</b>		24E. FUNERAL DIRECTOR <b>Wm. J. Dickner &amp; Sons</b>		24F. ADDRESS <b>942 Balto Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR **JAN 10 1952**  
REGISTRAR'S SIGNATURE  
VS 151  
0454X

At one of the  
factories

CITY OF BALTIMORE DEPARTMENT OF HEALTH  
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md.</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Baltimore</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Baltimore</u>	
STREET ADDRESS <u>5819 Royal Oak Ave.</u>		STREET ADDRESS <u>5819 Royal Oak Ave.</u>	
(If rural give location)		(If rural give location)	
3. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7 1952</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 7 1952</u>	
5. AGE last birthday If under 1 year Months Days Hours Min. <u>77</u> yrs.		6. AGE last birthday If under 1 year Months Days Hours Min. <u>77</u> yrs.	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Aug. 8, 1874</u>	
9. BIRTHPLACE (State or foreign country) <u>Maryland</u>		10. CITIZEN OF WHAT COUNTRY? <u>Maryland</u>	
11. MOTHER'S MAIDEN NAME <u>Susan Rankin</u>		12. INFORMANT <u>Miss Margaret R. White-5819 Royal Oak Ave</u>	
13. DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>none</u>		14. SOCIAL SECURITY NO. <u>none</u>	
15. MEDICAL CERTIFICATION		16. MEDICAL CERTIFICATION	
IMMEDIATE CAUSE <u>Cardiovascular Disease</u>		IMMEDIATE CAUSE <u>Cardiovascular Disease</u>	
ANTECEDENT CAUSE(S) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Cerebral Hemorrhage</u>		ANTECEDENT CAUSE(S) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>Cerebral Hemorrhage</u>	
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
IDENTIFY (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
ME (Month) (Day) (Year) (Hour) INJURY OCCURRED White at Work <input type="checkbox"/> Not White At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
I hereby certify that I attended the deceased from....., 1949, to 1/7/1952, that I last saw the deceased live on 1/7/1952, and that death occurred at.....m., from the causes and on the date stated above.			
SIGNATURE <u>Wm. E. Martin M.D.</u>		ADDRESS <u>Randallstown Md</u>	
DATE SIGNED <u>1/8/52</u>		DATE SIGNED <u>1/8/52</u>	
RITIAL, CREMATION OR BURIAL (Specify) <u>Burial</u>		DATE THEREOF <u>1/10/52</u>	
NAME OF CEMETERY OR CREMATORY <u>Lorraine Cem.</u>		LOCATION (City, town, or county) <u>Woodlawn, Maryland</u>	
RECD BY LOCAL REGISTRAR'S SIGNATURE <u>Wm. J. Lickner &amp; Sons</u>		24. FUNERAL DIRECTOR <u>Wm. J. Lickner &amp; Sons</u>	
AN 10 1952		ADDRESS <u>Balto. 17, Md. 94a</u>	



1280

# CERTIFICATE CORRECTED

2-8-52

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 52 0235

1. NAME OF DECEASED (Type or Print)		WILLIAM H. PROCTOR		2. DATE OF DEATH Jan. 9, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
6. Length of stay in Baltimore 66 years		D. STREET ADDRESS (If rural, give location) 2418 W. Lanvale Street			
7. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 31, 1885	9. AGE (in years last birthday) 66	10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
3. FATHER'S NAME Salomon Proctor		14. MOTHER'S MAIDEN NAME Frances Edwards			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Batha B. Proctor	
18. 4221 I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Arteriosclerotic cardiovascular disease			
DUE TO					
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Denecker M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 9, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 12, 1952		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Holland Funeral Home 8052 Druid Hill Ave.			
DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1952		REGISTRAR'S SIGNATURE Wm. Williams		ADDRESS	

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200  
0236BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0236  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Leidia F. Haus

2. DATE  
OF  
DEATH

Jan 9 1952

PLACE OF DEATH:

Baltimore City, Maryland 3706 Milford Ave

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3706 Milford Ave

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

White

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

9. FATHER'S NAME

William Downs

8. DATE OF BIRTH

Nov 25 1869

9. AGE (In years last birthday)

82

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sarah Underwood

5. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Eileen D. Haus 3706 Milford Ave

18. 422.1 I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

1. Arterio-sclerosis  
Cardio-Vascular Disease.

5 yrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic nephritis

2 yrs.

## II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1943 to Jan. 9, 1952, that I last saw the deceased alive on Jan. 8, 1952 and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 10 1952

JAN 12 1952

Mt. Olivet

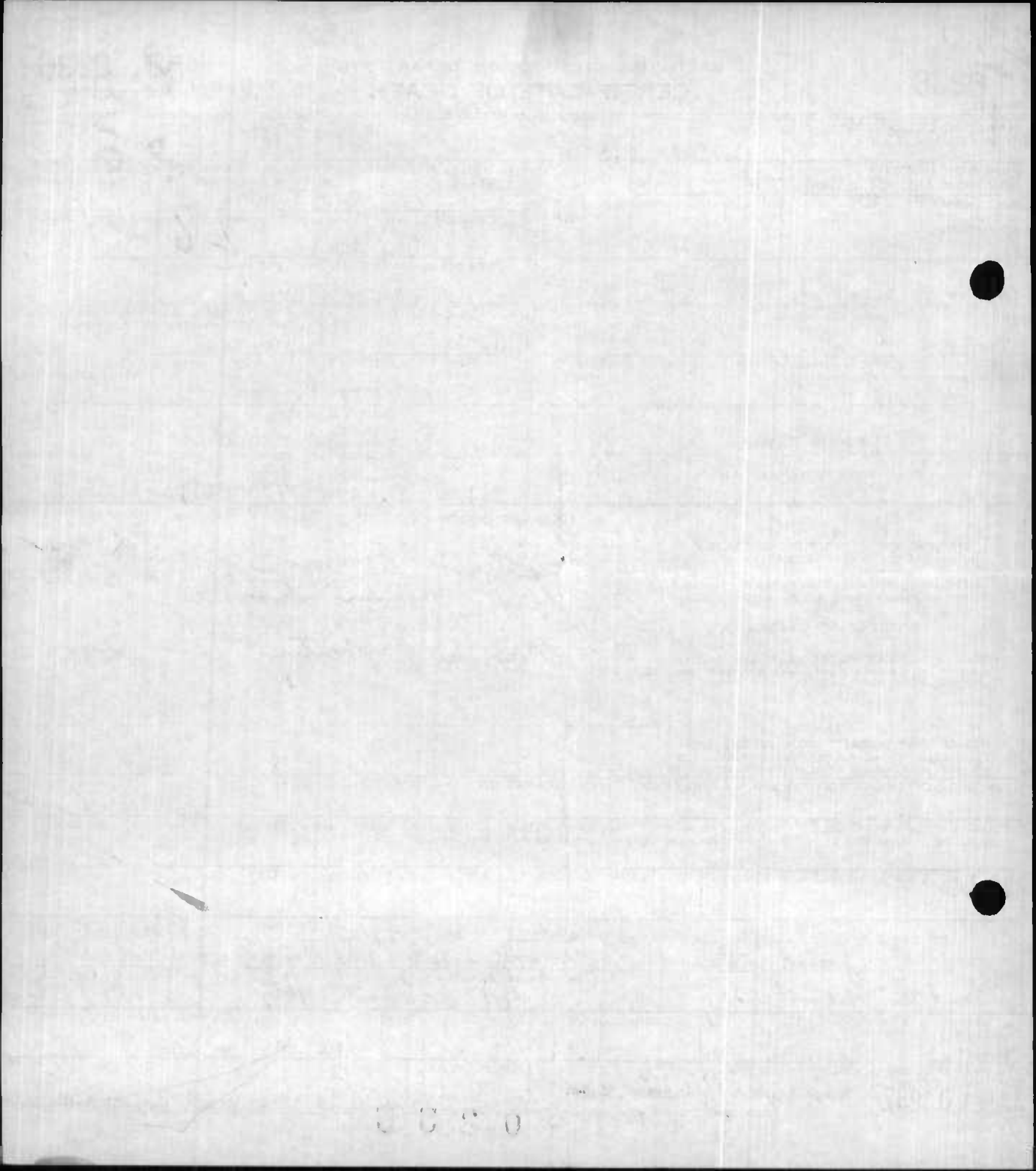
Baltimore Md

4204 Ridgewood Av

VS 150

01235

131a



514  
2 0237BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0237

1. NAME OF DECEASED (Type or Print) <b>HENRY CAMPBELL</b>		2. DATE OF DEATH <b>1/9/52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>323 N. Carey St</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. LENGTH OF STAY IN BALTIMORE <b>50</b>		D. STREET ADDRESS (If rural, give location) <b>323 N. Carey St</b>	
7. SEX <b>male</b>	8. COLOR OR RACE <b>col</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	10. DATE OF BIRTH <b>6/6/1892</b>
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Electrician</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Eng. Engrs.</b>	
13. BIRTHPLACE (State or foreign country) <b>Maryland</b>		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. FATHER'S NAME <b>Peter Campbell</b>		16. MOTHER'S MAIDEN NAME <b>Annie</b>	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO. <b>BLDG. ANNO</b>	
19. DATE OF OPERATION <b>0</b>		20. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT, SUICIDE, HOMICIDE (Specify)		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23. TIME (Month) (Day) (Year) (Hour) <b>0</b>		24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
25. HOW DID INJURY OCCUR?		26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. I hereby certify that I attended the deceased from <b>12/1</b> , 19 <b>51</b> , to <b>1/9</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1/8</b> , 19 <b>52</b> , and that death occurred at <b>11:41</b> a.m., from the causes and on the date stated above.		28. SIGNATURE <b>David Draville</b>	
29. SIGNATURE <b>David Draville</b>		30. DATE SIGNED <b>1/9/52</b>	
31. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		32. DATE <b>1-13-1952</b>	
33. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>		34. LOCATION (City, town, or county) (State) <b>Balto</b>	
35. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 10 1952</b>		36. REGISTRAR'S SIGNATURE <b>William H. Williams</b>	
37. FUNERAL DIRECTOR <b>James B. Hayes</b>		38. ADDRESS <b>638 N. Guilford St</b>	
VS 150		583 74	
		83a	

1917

1917

CERTIFICATE OF DEATH

Page

1917-12-13 Mt Lebanon  
1917-12-13



520  
0238BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0238

1. NAME OF DECEASED (Type or Print) <u>Bertina Jones</u>		2. DATE OF DEATH <u>January 6, 1952</u>	
3. PLACE OF DEATH: <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>mdo</u> B. COUNTY <u>X</u>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>5-01</u>	
6. Length of stay in Baltimore Yrs. <u>3</u> Mos. <u>0</u> Days <u>0</u>		D. STREET ADDRESS (If rural, give location) <u>1200 H Court</u>	
7. SEX <u>Female</u>	8. COLOR OR RACE <u>Colored</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	10. DATE OF BIRTH <u>8-20-51</u>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday) <u>4</u>	
13. BIRTHPLACE (State or foreign country)		14. CITIZEN OF WHAT COUNTRY? <u>✓</u>	
15. FATHER'S NAME <u>Robert M. Jones</u>		16. MOTHER'S MAIDEN NAME <u>Mary Weiner</u>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>			

18. <u>571.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Diarrhea</u>	CAUSE OF DEATH <u>Diarrhea</u>	INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) ..... DUE TO (B) ..... DUE TO (C) .....		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Brachiditis + Pneumonia</u>		<u>6 days</u> <u>18 hrs</u>	
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1952, to 1-6, 1952 that I last saw the deceased alive on 1-6, 1952, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE <u>David L. Spang</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED <u>Jan 10 1952</u>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>Jan 10 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Forest Burial</u>
24D. LOCATION (City, town, or county)		(State)

DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 10 1952</u>	REGISTRAR'S SIGNATURE <u>William M. Williams</u>	25. FUNERAL DIRECTOR <u>0237</u>	ADDRESS
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Hospital Disposal

*[Faint, illegible handwritten text and printed form fields are visible across the page. The text appears to be a death certificate form with fields for name, date, and location.]*

262		BALTIMORE CITY HEALTH DEPARTMENT		52 0239	
0239		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO. 52-01298					
1. NAME OF DECEASED (Type or Print)		Baby Boy Rogers "A"		2. DATE OF DEATH 1-8-52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland		B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN Baltimore		D. COUNTY	
6. Length of stay in Baltimore		7. DATE OF BIRTH 1-7-52		8. AGE (In years, last birthday) 1	
9. SEX M		10. COLOR OR RACE W		11. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify) S	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) Maryland	
15. FATHER'S NAME Ethan L. Rogers		16. MOTHER'S MAIDEN NAME Mary H. Arnold		17. CITIZEN OF WHAT COUNTRY?	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.		20. INFORMANT ADDRESS Father	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 776 X 1 PREMATURITY		CAUSE OF DEATH Prematurity		INTERVAL BETWEEN ONSET AND DEATH 2 days	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
(B) DUE TO					
(C) DUE TO					
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-7-1952, 1-8-1952, that I last saw the deceased alive on 1-8-1952, and that death occurred at 7:00 A.M., from the causes and on the date stated above.		23A. SIGNATURE Edward M. Siple		23B. ADDRESS Mercy Hospital	
23C. DATE SIGNED 1-9-52		23D. NAME OF CEMETERY OR CREMATORY Moreland Park		23E. LOCATION (City, town, or county) (State) Baltimore Md	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-10-52		24C. NAME OF CEMETERY OR CREMATORY Moreland Park	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR L. J. Ruck		25. ADDRESS 5305 Y. Kayford	
DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1952		REGISTRAR'S SIGNATURE Wm. Williams		25. ADDRESS 5305 Y. Kayford	
VS 150				159	

1961



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0240

BIRTH NO. 2-01291		2. DATE OF DEATH 1-8-52	
1. NAME OF DECEASED (Type or Print) Baby Girl Rogers "B"			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital		C. CITY OR TOWN Baltimore	
6. Length of stay in Baltimore 2 Days		D. STREET ADDRESS (If rural, give location) 4617 Manor Lane Rd.	
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	10. DATE OF BIRTH 1-7-52
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (in years, last birthday) 2	
13. KIND OF BUSINESS OR INDUSTRY		14. Under 1 Year Months: Days 2	
15. BIRTHPLACE (State or foreign country) Maryland		16. CITIZEN OF WHAT COUNTRY?	
17. FATHER'S NAME Ethan L. Rogers		18. MOTHER'S MAIDEN NAME Mary H. Arnold	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
21. INFORMANT Father		22. ADDRESS	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		24. CAUSE OF DEATH Prematurity	
25. ANTECEDENT CAUSES		26. INTERVAL BETWEEN ONSET AND DEATH 9 days	
27. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
29. DATE OF OPERATION		30. MAJOR FINDINGS OF OPERATION	
31. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
32. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		33. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
34. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		35. 21D. HOW DID INJURY OCCUR?	
36. 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		37. 21F. HOW DID INJURY OCCUR?	
38. 22. I hereby certify that I attended the deceased from 1-7-52 to 1-8-52, 1952, and that death occurred at 8:50 P.M., from the causes and on the date stated above.			
39. 23A. SIGNATURE		40. 23B. ADDRESS	
41. 23C. DATE SIGNED 1-8-52		42. 23D. SIGNATURE	
43. 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		44. 24B. DATE 1-10-52	
45. 24C. NAME OF CEMETERY OR CREMATORY Moreland Park		46. 24D. LOCATION (City, town, or county) Balto Md	
47. 25. FUNERAL DIRECTOR		48. ADDRESS	
49. DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1952		50. REGISTRAR'S SIGNATURE	
51. VS 150		52. 5305 Harford Rd	





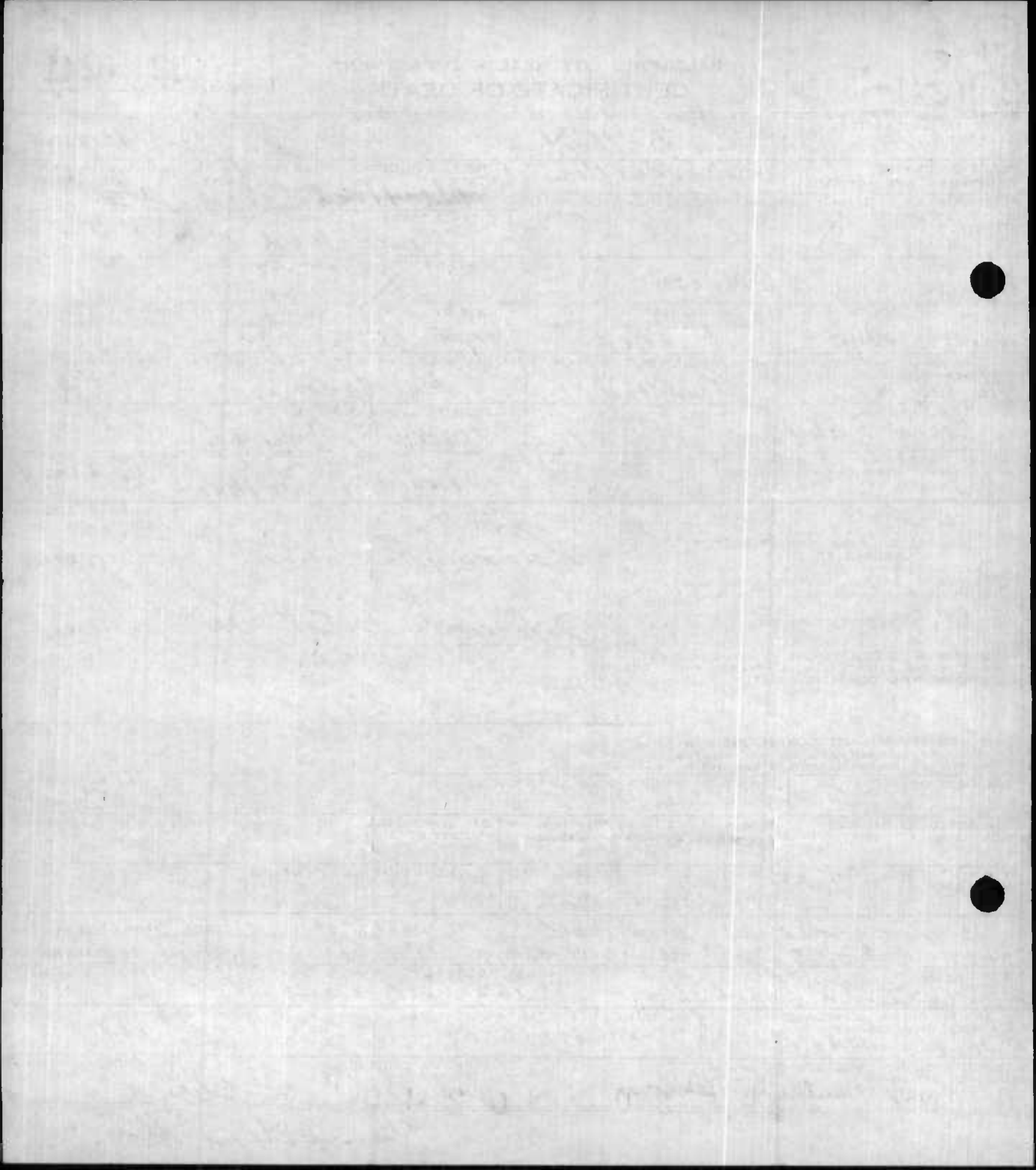
46  
2 0241  
IRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 52 0241

1. NAME OF DECEASED (Type or Print) Mrs. Cora Ellen Brillhart		2. DATE OF DEATH Jan 10 1952	
3. PLACE OF DEATH: Baltimore City, Maryland 616 Glenolden Ave		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Carroll	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) X		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hampstead	
6. Length of stay in Baltimore 6 Months		D. STREET ADDRESS (If rural, give location) X 5600	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Mar 14 - 1877
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	12. KIND OF BUSINESS OR INDUSTRY Own Home	13. AGE (In years last birthday) 74	14. Under 1 Year Months Days 15. Under 24 Hours Hours Min.
16. FATHER'S NAME David Ruby		17. MOTHER'S MAIDEN NAME Mary J. Henry	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? No		19. SOCIAL SECURITY NO. No	
20. INFORMANT David J. Brillhart		21. ADDRESS Hampstead Md.	
22. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420 I Coronary Occlusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (A) Coronary Occlusion (B) Atherosclerotic C.V. Dis. (C)		23. INTERVAL BETWEEN ONSET AND DEATH 45 min years	
24. DATE OF OPERATION		25. MAJOR FINDINGS OF OPERATION	
26. ACCIDENT, SUICIDE, HOMICIDE (Specify)		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		29. TIME (Month) (Day) (Year) (Hour)	
30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		31. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from Dec 1, 1951, to Jan. 10, 1952, that I last saw the deceased alive on Dec 1, 1951, and that death occurred at 3:15 p.m., from the causes and on the date stated above.			
33. SIGNATURE Lester G. Thall		34. ADDRESS 1039 St. Paul St.	
35. DATE SIGNED Jan 10 52		36. DATE OF OPERATION	
37. BURIAL, CREMATION, REMOVAL (Specify) Burial		38. DATE Jan 12 - 1952	
39. NAME OF CEMETERY OR CREMATORY Snydersburg		40. LOCATION (City, town, or county) (State) Carroll Co. Md.	
41. DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1952		42. REGISTRAR'S SIGNATURE Lester G. Thall	
43. VS 150		44. FUNERAL DIRECTOR Edward C. Septon	
		45. ADDRESS Hampstead Md. 93D	





626  
2 0242BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0242  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY JOSEPHINE KARCHER.

2. DATE  
OF  
DEATH

1-9-52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

Union Memorial Hospital

5. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

6. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed.

8. A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at Home

9. FATHER'S NAME

Harmon L. Bertman

11. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

9-25-83

9. AGE (In years,  
last birthday)

68

10. Under 1 Year  
Months; Days11. Under 24 Hours  
Hours; Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Otto.

17. INFORMANT

Mrs. Albertina Ballinger 3700 Parkside Drive

18. 584X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Perforation of gall bladder

1 day

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cystic duct obstruction

5 days

(C)

acute cholecystitis  
chronic cholecystitis with  
calculi  
obesity

5 days

? years  
? yearsII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-31-51

19B. MAJOR FINDINGS OF OPERATION

Abscess + cellulitis, Rt. hand

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-31, 1951, to 1-9, 1952, that I last saw the  
deceased alive on 1-9, 1952, and that death occurred at 8:20 AM, from the causes and on the date stated above.

23A. SIGNATURE

Robert S. Nelson

23B. ADDRESS

Union Memorial Hospital  
Baltimore 8, Maryland

23C. DATE SIGNED

Jan 9, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/12/52

24C. NAME OF CEMETERY OR CREMATORY

St Peter's Cem

24D. LOCATION (City, town, or county)

Moreland Ave

(State)

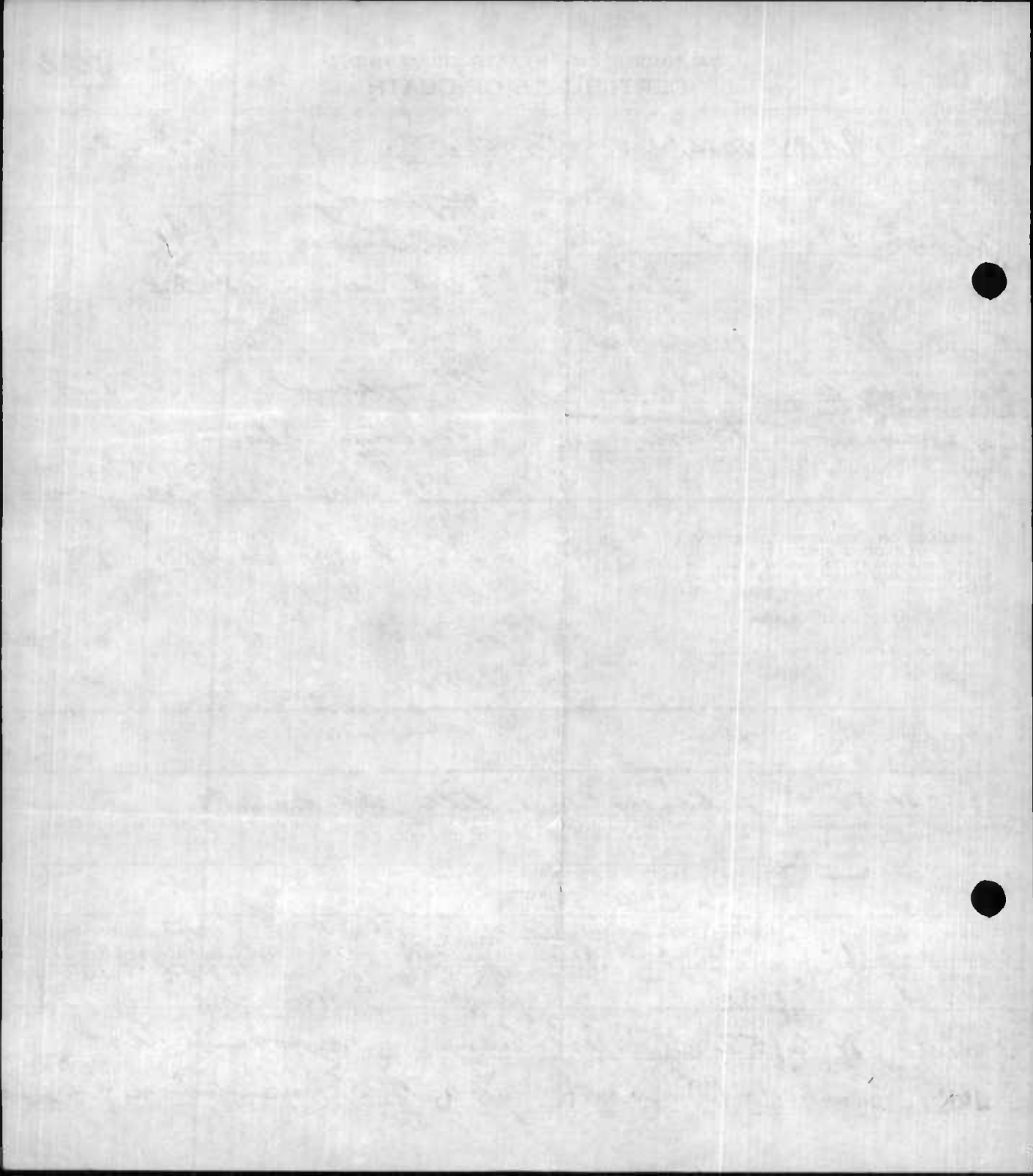
DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John F. Williams, M.D.

25. FUNERAL DIRECTOR

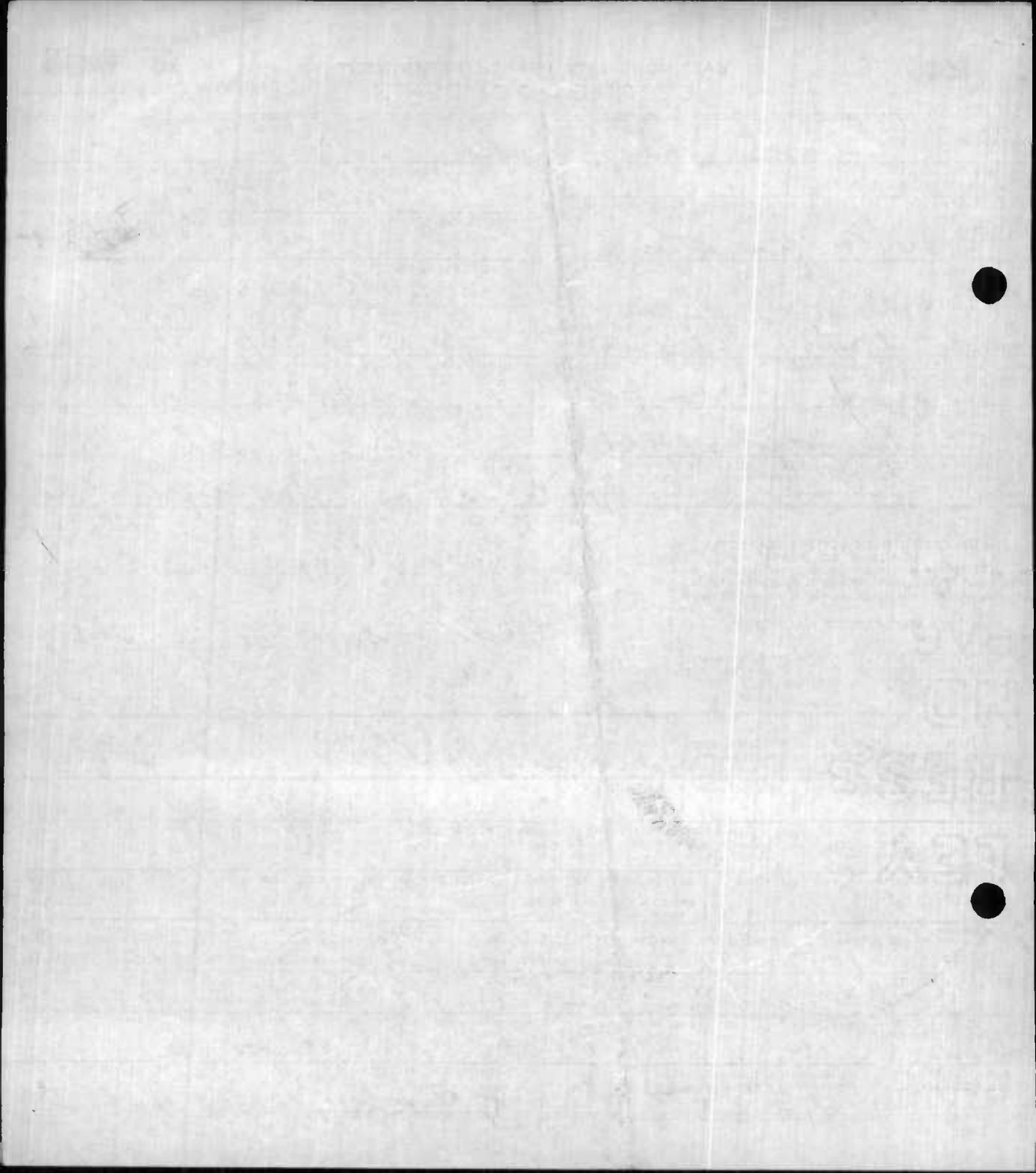
John F. Louan &amp; Son, Holbrook



252  
0243BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0243  
Registered No.

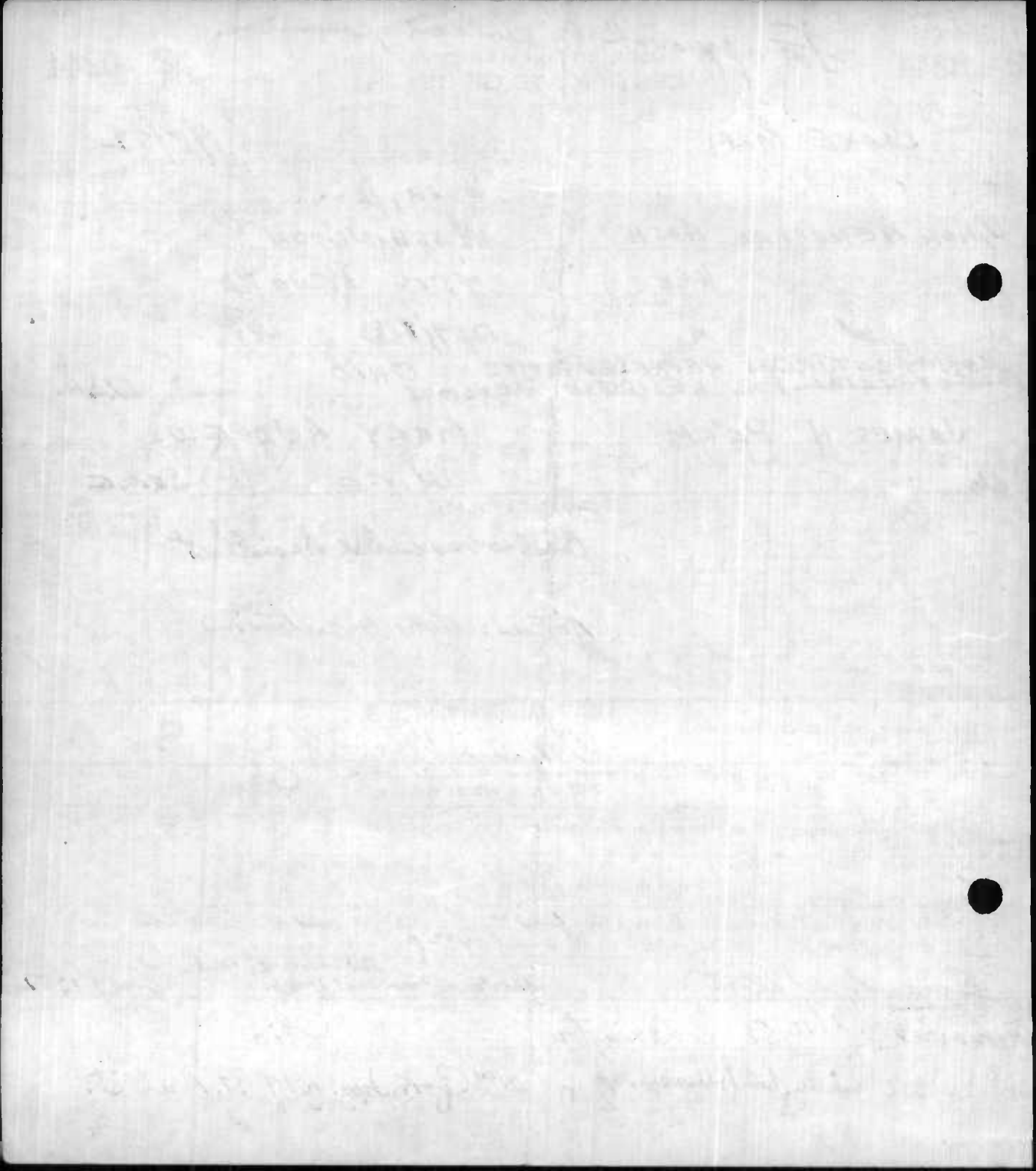
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Emma J. Shaughnessy</i>		2. DATE OF DEATH <i>1/17/52</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>3104 Clifftmont Ave</i>		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) <i>Balto</i>	
6. SEX <i>Female</i>		D. STREET ADDRESS (If rural, give location) <i>3104 Clifftmont Ave</i>	
7. COLOR OR RACE <i>White</i>		8. DATE OF BIRTH <i>1/18/1874</i>	
9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		9. AGE (In years last birthday) <i>77</i>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		11. BIRTHPLACE (State or foreign country) <i>Balto, Md.</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Charles Pasternfield</i>		14. MOTHER'S MAIDEN NAME <i>Caroline Rausch</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Neva Frush</i>		ADDRESS <i>3104 Clifftmont Ave</i>	
18. 464X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Embolism</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Phlebotrombosis</i>		<i>24 hrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Diabetes Mellitus</i>		<i>6 mos?</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1/5</i> , 19 <i>42</i> to <i>1/7</i> , 19 <i>52</i> that I last saw the deceased alive on <i>1/5</i> , 19 <i>52</i> and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>G. K. Green</i>		23B. ADDRESS <i>1212 N. Patterson Md.</i>	
23C. DATE SIGNED <i>1/19/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/10/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Balto.</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
25. FUNERAL DIRECTOR <i>W. F. Bok Inc.</i>		ADDRESS <i>1217 St. Paul st.</i>	



50 2 0244		For approval by Medical Examiner. BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 0244	
1. NAME OF DECEASED (Type or Print) <b>BLAKE PALM</b>		2. DATE OF DEATH <b>1/8/52</b>			
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>WASH, D.C.</b> B. COUNTY <b>V-48</b>			
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNION MEMORIAL HOSP</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>WASHINGTON</b>			
6. Length of stay in Baltimore <b>HRS</b>		D. STREET ADDRESS (If rural, give location) <b>4516 PENO RD</b>			
7. SEX <b>M.</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	10. DATE OF BIRTH <b>12/19/883</b>	11. AGE (in years last birthday) <b>68</b>	12. Under 1 Year Months: Days
13. USUAL OCCUPATION (Give kind of work) <b>ELECTRICIAN FOR RESIDENT ELECTRICAL</b>		14. BIRTH PLACE (State or foreign country) <b>OHIO</b>		15. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. FATHER'S NAME <b>JAMES H. PALM</b>		17. MOTHER'S MAIDEN NAME <b>MARY ANDREWS</b>		18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	
19. SOCIAL SECURITY NO.		20. INFORMANT <b>WIFE</b>		21. ADDRESS <b>SAME</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>331X I</b>		CAUSE OF DEATH (A) <b>Cerebrovascular Accident</b> DUE TO (B) <b>Arteriosclerotic Hypertension</b> DUE TO (C)			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION CHIEF OR ASST. MEDICAL EXAMINER.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 8</b> , 19 <b>52</b> , to <b>Jan 8</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Jan 8</b> , 19 <b>52</b> , and that death occurred at <b>8:30 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>George S. Watson</b>		23B. ADDRESS <b>Baltimore, Md. The Union Memorial Hosp.</b>		23C. DATE SIGNED <b>Jan 9 1952</b>	
24A. BIRTH RECORD REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>1/10/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lexington</b>	
24D. LOCATION (City, town, or county) <b>Ohio</b>		25. FUNERAL DIRECTOR <b>4724 Cooks Dr. 1217 St. Paul St.</b>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 10 1952</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>		VS 150 <b>4903L</b>	







354  
0245BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0245  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Marion V Stanley		Jan 8, 1952.	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): A. STATE Md B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 6613 Fairdel Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. DATE OF DEATH 12 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 6613 Fairdel Ave.	
7. SEX Female		8. DATE OF BIRTH March 25, 1870.	
9. COLOR OR RACE White		9. AGE (In years last birthday) 81.	
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		11. BIRTHPLACE (State or foreign country) Virginia	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		13. CITIZEN OF WHAT COUNTRY? U. S. A.	
14. KIND OF BUSINESS OR INDUSTRY Own Home		15. MOTHER'S MAIDEN NAME Susan obaha	
16. FATHER'S NAME Henry Armentrout		17. INFORMANT Mrs Daniel Brogan 6613 Fairdel Ave.	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		19. SOCIAL SECURITY NO. None	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 163X CAUSE OF DEATH Carcinoma of lung, right INTERVAL BETWEEN ONSET AND DEATH 3 yrs.			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Atherosclerotic Heart Disease 20 yrs.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 2, 1948, to Jan 8, 1952, that I last saw the deceased alive on Jan 8, 1952, and that death occurred at 10 A. M., from the causes and on the date stated above.			
23A. SIGNATURE Adam Givens		23B. ADDRESS 6232 Delair Rd.	
23C. DATE SIGNED Jan 8, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE I-II-1952.	
24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
25. DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1952		25. FUNERAL DIRECTOR L. S. Adams Funeral Home 7401 Balair Rd	

TO THE DIRECTOR

FROM THE DIRECTOR

SUBJECT: [Illegible]

DATE: [Illegible]

REFERENCE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

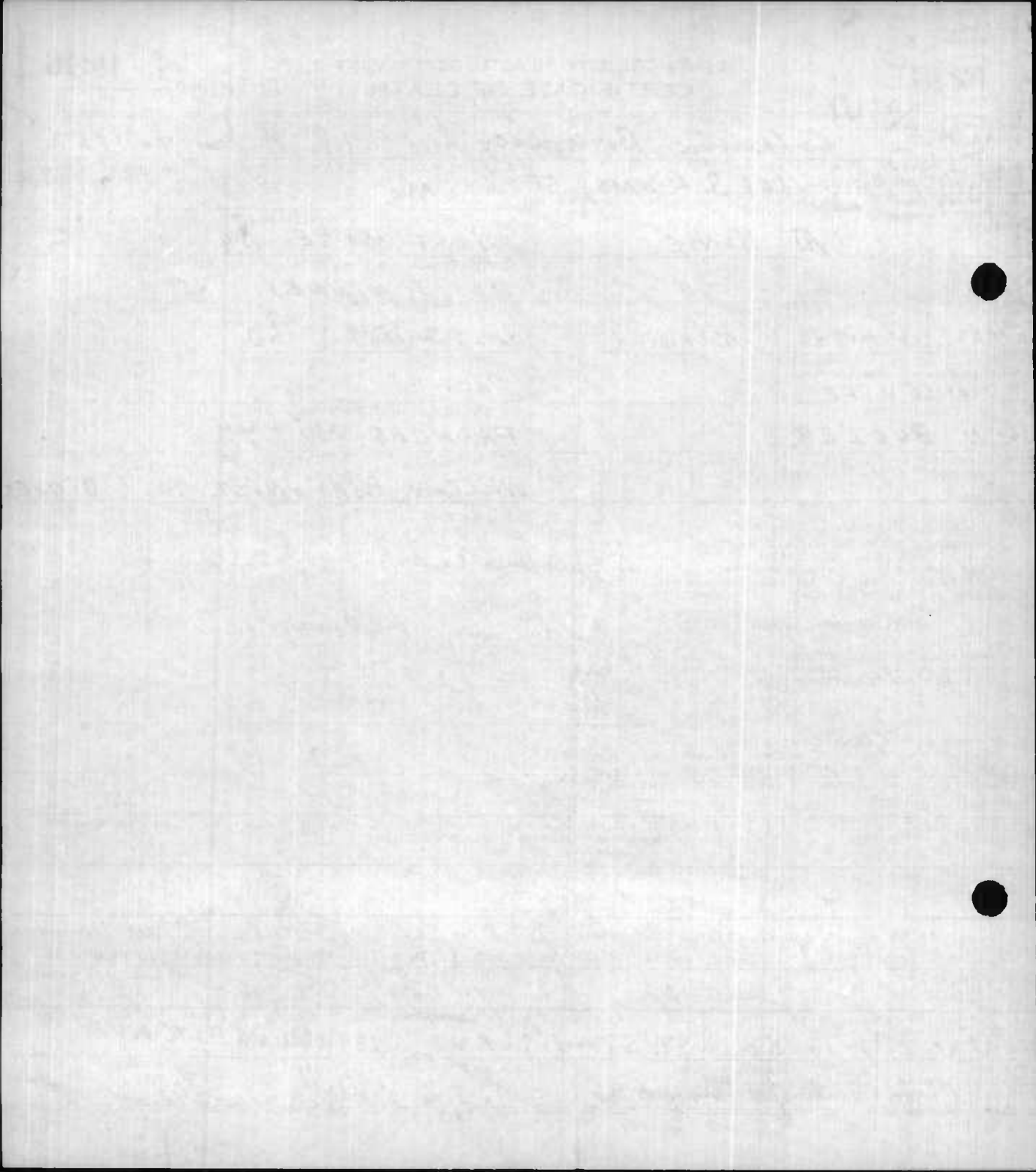
12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]





BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0247

NAME OF DECEASED (Type or Print) <b>Abraham Burrell</b>		2. DATE OF DEATH <b>Jan. 9, 1952</b>	
PLACE OF DEATH: <b>Baltimore City, Maryland City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>25-35</b>	
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2609 Huron Street</b>		C. CITY OR TOWN (If outside corporate limits, write rural and give township) <b>Baltimore</b> <b>25 (Mt. Winans)</b>	
Length of stay in Baltimore <b>30 years</b> Yrs. <b>30</b> Mos. <b>0</b> Days <b>0</b>		D. STREET ADDRESS (If rural, give location) <b>2609 Huron Street</b>	
SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Feb. 15, 1898</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	9. AGE (In years, last birthday) <b>53</b>
11. BIRTHPLACE (State or foreign country) <b>Richmond County, Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
3. FATHER'S NAME <b>William Burrell</b>		14. MOTHER'S MAIDEN NAME <b>Catherine</b>	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Blanche G. Smith</b>		ADDRESS <b>2609 Huron St.</b>	
18. <b>6000</b> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Lobar Pneumonia</b> DUE TO ANTECEDENT CAUSES <b>Chronic Nephritis</b> DUE TO <b>Pyleo Nephrosis</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>II</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 days.</b>
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-29</b> , 1951, to <b>1-9</b> , 1952, that I last saw the deceased alive on <b>1-9</b> , 1952, and that death occurred at <b>4:30</b> p. m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Joseph C. Rumm</b>		23B. ADDRESS <b>427 Swale Ave</b>	23C. DATE SIGNED <b>1-9-52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>1/12/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 10 1952</b>	REGISTRAR'S SIGNATURE <b>William</b>	25. FUNERAL DIRECTOR <b>Joseph C. Rumm</b>	
VS 150		ADDRESS <b>1200 McCallish St</b>	

970 99

108

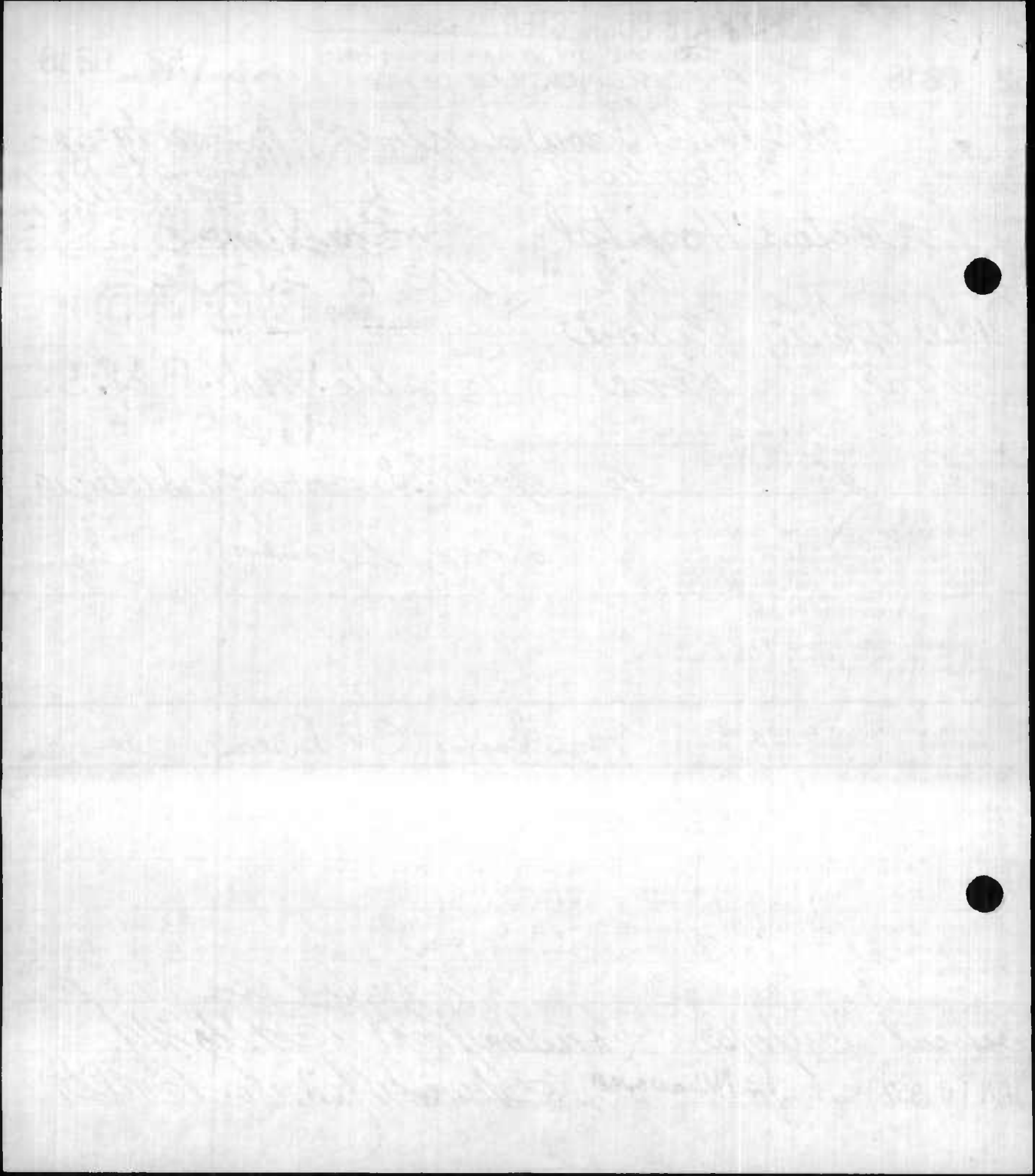
2400



35  
52 0248

1. NAME OF DECEASED (Type or Print) <i>Mrs Ethel Snow Lyston</i>		2. DATE OF DEATH <i>Jan/9-52</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>7. Charles St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Doctors' Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. COLOR OF RACE <i>White</i>		D. STREET ADDRESS (If rural, give location) <i>103 E-25 St</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Dec-11-1887</i>	
9. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		9. AGE (In years last birthday) <i>70.69</i>	
10. B. KIND OF BUSINESS OR INDUSTRY <i>None</i>		10. BIRTHPLACE (State or foreign country) <i>Ballo. Md.</i>	
11. FATHER'S NAME <i>Thomas Franklin Snow</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? <i>No</i>		14. MOTHER'S MAIDEN NAME <i>Olivia Lutherell</i>	
15. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT ADDRESS <i>Mr W. C. Pauers-309 Inkdale-10</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hr</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive C. V. Disease</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-7</i> , 19 <i>52</i> , to <i>1-9</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1-9</i> , 19 <i>52</i> , and that death occurred at <i>4:20</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>E. E. Smith</i>		23B. ADDRESS <i>2431 Guilford Ave</i>	
23C. DATE SIGNED <i>1-9-52</i>		24. BURIAL, CREMATION, REMOVAL (Specify)	
24A. DATE <i>Jan/11/52</i>		24B. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>	
24C. LOCATION (City, town, or county) <i>Ballo. Md.</i>		24D. LOCATION (State) <i>Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 10 1952</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams</i>	
25. FUNERAL DIRECTOR <i>Thurmond &amp; Co.</i>		ADDRESS <i>Ballo.</i>	





500  
2. 0249

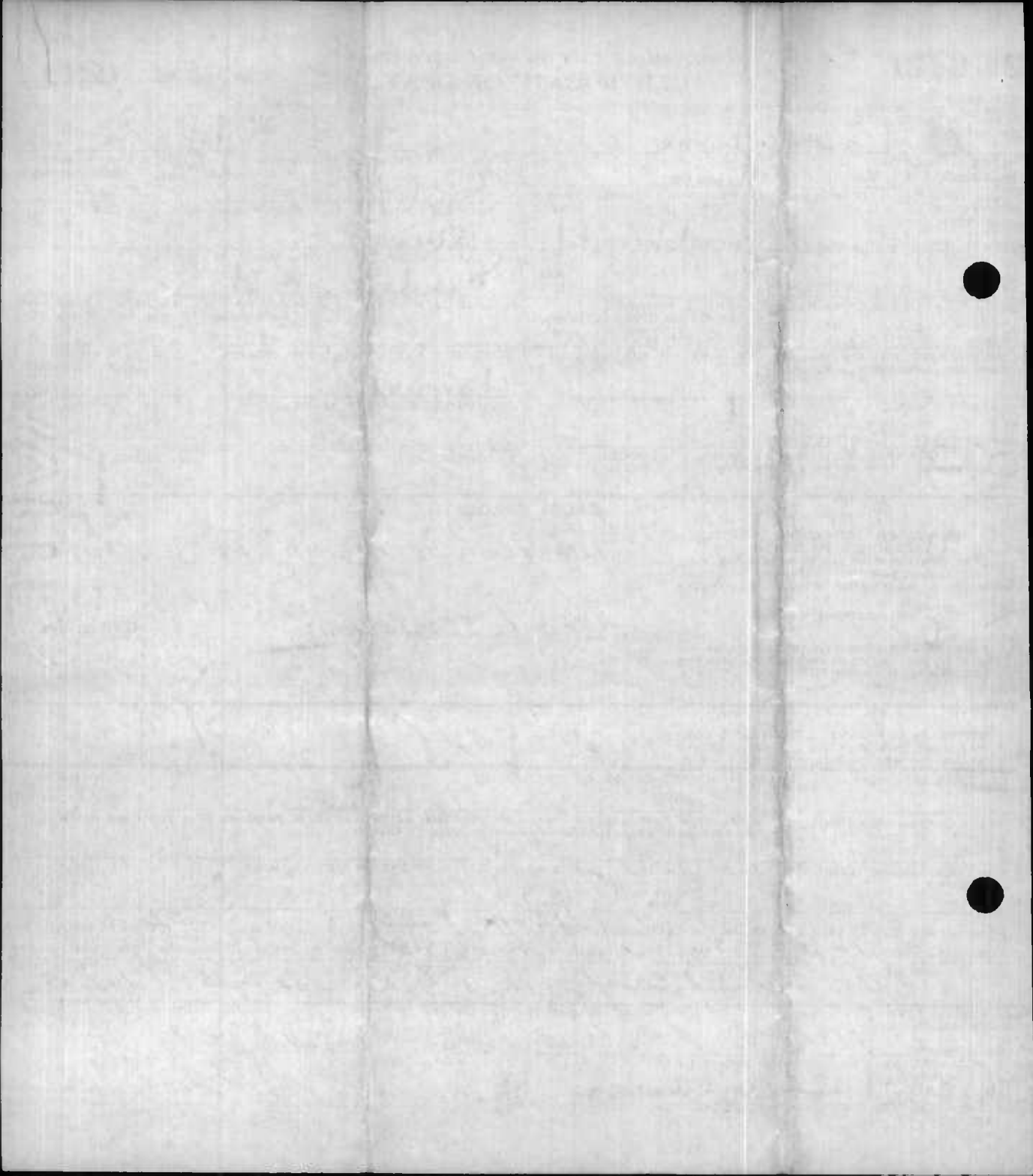
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0249

1. NAME OF DECEASED (Type or Print) <i>Jeremiah Boone</i>		2. DATE OF DEATH <i>1/5/52</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>South Baltimore General Hospital</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
7. Usual place of stay in Baltimore Yrs. <i>1</i> Mos. <i>0</i> Days <i>0</i>		8. STREET ADDRESS (If rural, give location) <i>1032 headenball St.</i>	
9. SEX <i>Male</i>	10. COLOR OR RACE <i>Colored</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	12. DATE OF BIRTH <i>20</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. FATHER'S NAME <i>Vernon Boone</i>		16. CITIZEN OF WHAT COUNTRY?	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. FATHER'S NAME		20. MOTHER'S MAIDEN NAME	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		22. SOCIAL SECURITY NO.	
23. FATHER'S NAME		24. MOTHER'S MAIDEN NAME	
25. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		26. SOCIAL SECURITY NO.	
27. FATHER'S NAME		28. MOTHER'S MAIDEN NAME	
29. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		30. SOCIAL SECURITY NO.	
31. FATHER'S NAME		32. MOTHER'S MAIDEN NAME	

18. <i>016X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Tuberculous meningitis</i> DUE TO <i>Renal tuberculosis</i> DUE TO	19. CAUSE OF DEATH <i>Tuberculous meningitis</i> <i>Renal tuberculosis</i>	20. INTERVAL BETWEEN ONSET AND DEATH <i>days</i> <i>months</i>
21. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

23. DATE OF OPERATION	24. MAJOR FINDINGS OF OPERATION	25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
29. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) OF INJURY	30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	31. HOW DID INJURY OCCUR?
32. I hereby certify that I attended the deceased from <i>12-4-51</i> to <i>1-5-52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1-5-52</i> , 19 <i>52</i> , and that death occurred at <i>11:05pm.</i> , from the causes and on the date stated above.		
33. SIGNATURE <i>Agustin del Campo</i> M. D.	34. ADDRESS <i>1213 Light Str. Balt Md</i>	35. DATE SIGNED <i>1-2-52</i>
36. BURIAL, CREMATION, REMOVAL (Specify)	37. DATE	38. NAME OF CEMETERY OR CREMATORY
<i>Burial</i>	<i>1/11/52</i>	<i>Mt Auburn Cfy</i>
39. LOCATION (City, town, or county)	40. STATE	41. FUNERAL DIRECTOR
<i>Balt City</i>	<i>Balt City</i>	<i>J. H. Brown &amp; Son W. Montgomery St</i>
42. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 10 1952</i>	43. REGISTRAR'S SIGNATURE <i>W. H. Williams</i>	44. ADDRESS



## CERTIFICATE OF DEATH

52 0250

52 0250

D-155469

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Diane Margaret Williams

2. DATE  
OF  
DEATH

Jan. 8, 1952

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals  
4940 Eastern Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

811 S. East Ave. (24)

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

White

Single

8. DATE OF BIRTH

Oct. 14, 1951

9. AGE (In years last birthday)

10. Under 1 Year

Months: Days

2

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Alvin Williams

14. MOTHER'S MAIDEN NAME

Margaret Rice

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals  
Records: 4940 Eastern Avenue

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute upper respiratory infection with Chalarrhal otitis medio

DUE TO

1 Wt.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-7, 1952, to 1-8, 1952, that I last saw the deceased alive on 1-8, 1952, and that death occurred at 5 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. O'Brien

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

1-8-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

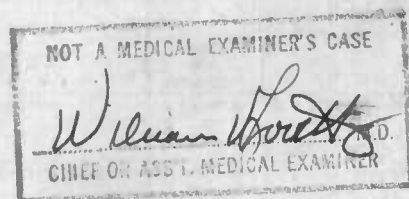
25. FUNERAL DIRECTOR

ADDRESS

JAN 10 1952

Huntington Williams, M.D.

1639 BROADWAY



52 0251

G-653

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0251  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

SALVATORE

GRANITO (GRNATAS)

2. DATE  
OF  
DEATH

January 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1919 Orleans Street

6-04

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

12/22/1888

9. AGE (In years  
last birthday)

64

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR  
INDUSTRY

CITY OF BALTO.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SALVATORE GRANITO

14. MOTHER'S MAIDEN NAME

ANNA RUGGERIO

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MARY NEMPHOS 1622 N. BETHEL ST.

18. 572.1

578X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Peritonitis due to rupture of  
~~diverticulum~~ diverticulum of sigmoid colon

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 9, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
DEATH REGISTRAR

REGISTRAR'S SIGNATURE

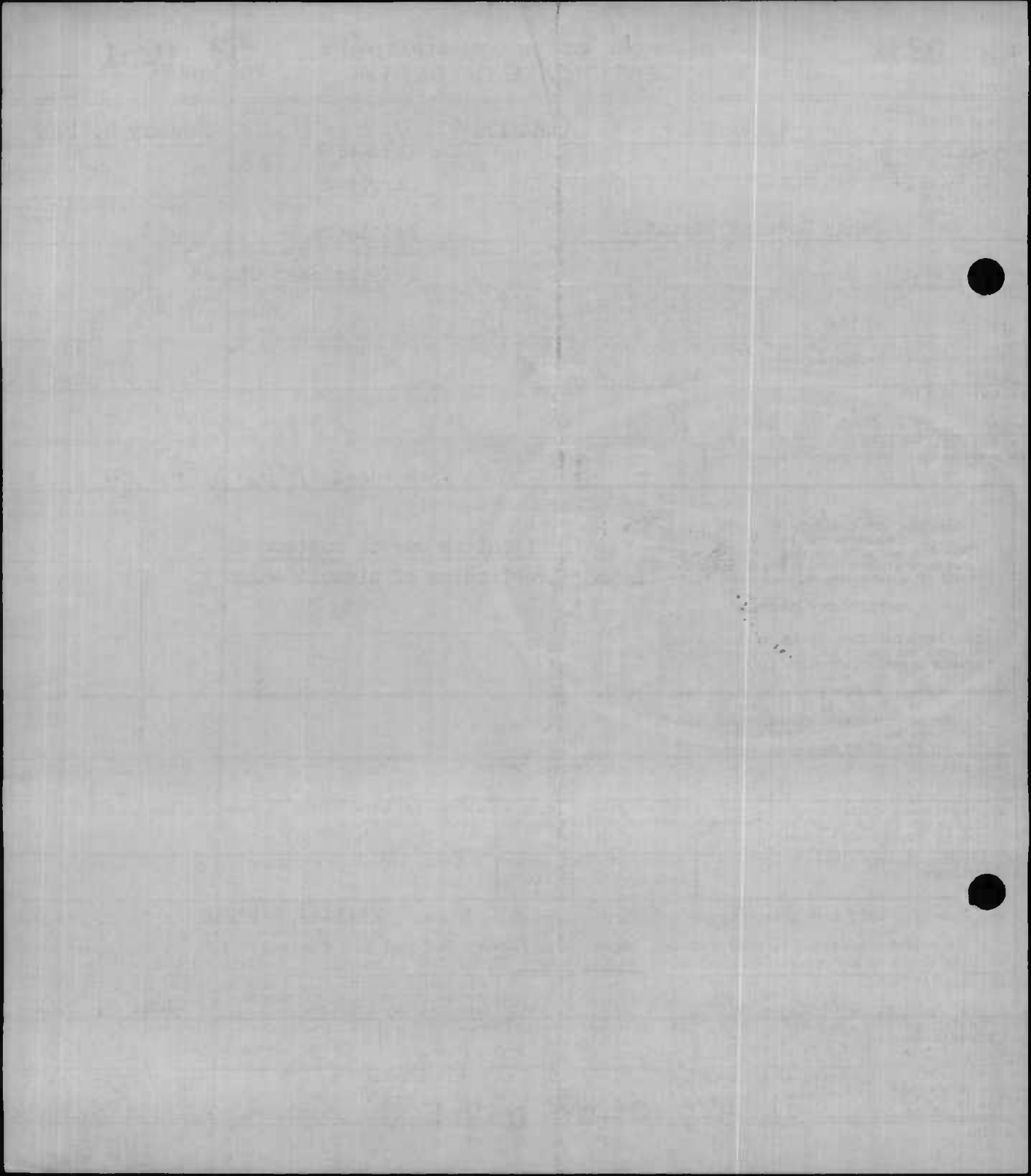
25. FUNERAL DIRECTOR

ADDRESS

AN 10 1952

Huntington Williams, M.D.

1639 BROADWAY





420  
0252BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0252

1. NAME OF DECEASED (Type or Print) <b>MRS. ESTHER WALSH</b>			2. DATE OF DEATH <b>1-9-52</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MARYLAND.</b> b. COUNTY <b>11-02</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>CHURCH HOME &amp; HOSP.</b>			c. CITY OR TOWN (If outside corporate limits write RURAL and give township) <b>BALTIMORE</b>		
c. Length of stay in Baltimore <b>75yrs</b>			d. STREET ADDRESS (If rural, give location) <b>5 E. PRESTON ST.</b>		
6. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>6-23-1875</b>		9. AGE (In years last birthday) <b>75yrs</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>			11. BIRTHPLACE (State or foreign country) <b>MARYLAND.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13. FATHER'S NAME <b>PATRICK HOGAN.</b>			14. MOTHER'S MAIDEN NAME <b>MARY. CAVVAUGH.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No.</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. <b>561.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>MYOCARDIAL FAILURE.</b>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>PERIPHERAL VASCULAR COLLAPSE.</b>	(A) DUE TO (B) DUE TO (C)	<b>3 hrs.</b>

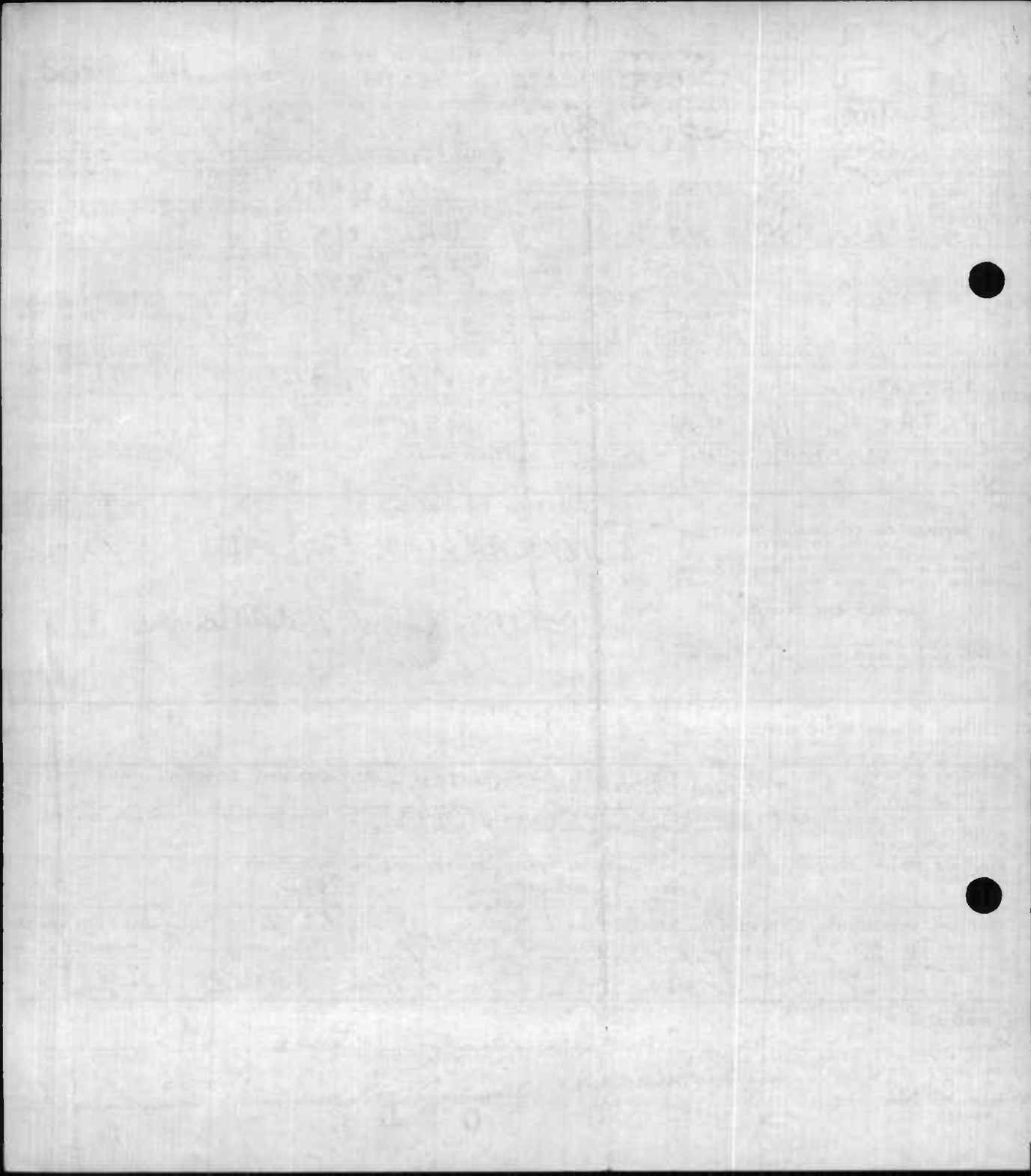
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION <b>1-3-52.</b>		19B. MAJOR FINDINGS OF OPERATION <b>FEMORAL HERNIA. INCARCERATED. GANGRENOUS BOWEL.</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-3</b> 19 <b>52</b> to <b>1-9</b> 19 <b>52</b> , that I last saw the deceased alive on <b>1-7</b> 19 <b>52</b> , and that death occurred at <b>1220</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Robert G. Stone</b>		23B. ADDRESS <b>Church Home &amp; Hosp.</b>		23C. DATE SIGNED <b>1-9-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-12-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Baltimore</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. STATE <b>MD</b>		25. FUNERAL DIRECTOR <b>2503</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 10 1952</b>		REGISTRAR'S SIGNATURE <b>Walter H. Williams</b>		ADDRESS <b>2503</b>	

VS 150

1952-0000-251

122a



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 0253**

**100**  
**21 4233**

1. NAME OF DECEASED (Type or Print) <b>VIOLA LOVEY</b>		2. DATE OF DEATH <b>January 4, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Provident Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
D. STREET ADDRESS (If rural, give location) <b>211 Camel Street</b>		5. AGE (In years last birthday) <b>37</b>	
6. COLOR OR RACE <b>Female</b> <b>Colored</b>		7. DATE OF BIRTH <b>7-7-1914</b>	
8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>		9. Under 1 Year Months Days    Under 24 Hours Hours Min.	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Pa.</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME	
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Elizabeth Johnson - PARK AVE.</b>	

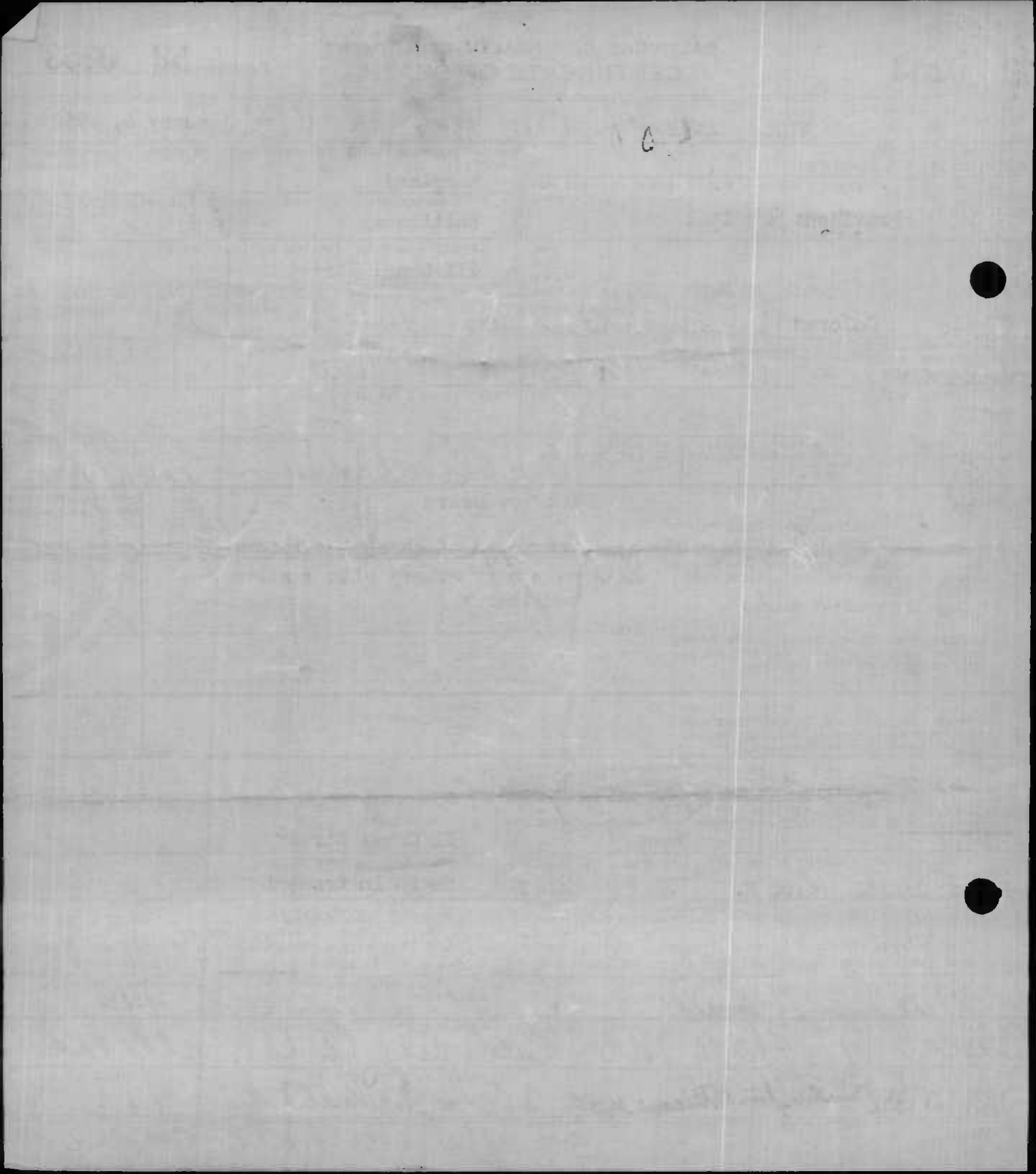
18. <b>E982X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Stab wound of chest involving XXXX pulmonary artery with massive hemathorax</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>CAUSE OF DEATH</b>		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? <b>211 Camel Street</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>Found 1/4/52 6:00 P. m.</b>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Sharp Instrument</b>	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE <b>William Williams</b>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>1/5/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>1/14/52</b>		24C. NAME OF CEMETERY OR REMATORY <b>MT. Calvary Cedar Hill Md.</b>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <b>W. H. Hallett - 918 -</b>		ADDRESS <b>Almid Hill, acc.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 10 1952</b>		REGISTRAR'S SIGNATURE <b>William Williams</b>		25. FUNERAL DIRECTOR ADDRESS	

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52 0254BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0254  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARY SIMON		JAN-10-1952	
3. PLACE OF DEATH: Baltimore City, Maryland 1750 HANOVER ST		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
82 Yrs. Mos. Days		BALTIMORE MD 1750 HANOVER ST.	
7. SEX FEM	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH MARCH 23 1869
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		9B. KIND OF BUSINESS OR INDUSTRY AT HOME	9. AGE (In years last birthday) 82
10. FATHER'S NAME CARL ZARNITZ		11. BIRTHPLACE (State or foreign country) BALTIMORE MD	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME FRANCES DRUBE	
17. INFORMANT MRS CARL LORENCE 1750 HANOVER ST		ADDRESS	
18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE MYOCARDIAL FAILURE		INTERVAL BETWEEN ONSET AND DEATH 1 week	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIO SCLEROSIS		(B) DUE TO SEMI-CONSCIOUSNESS	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT CHRONIC NEPHRITIS			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
mm			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 2, 1952, to JAN 10, 1952, that I last saw the deceased alive on JAN 9, 1952, and that death occurred at 6A m., from the causes and on the date stated above.			
23A. SIGNATURE Saas Muller		23B. ADDRESS 1225 O Charles ST	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE JAN 14 52	
24C. NAME OF CEMETERY OR CREMATORY Holy Cross Cem		24D. LOCATION (City, town, or county) (State) A. A. Co.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Bernard E. Harle		ADDRESS 121 E West St	





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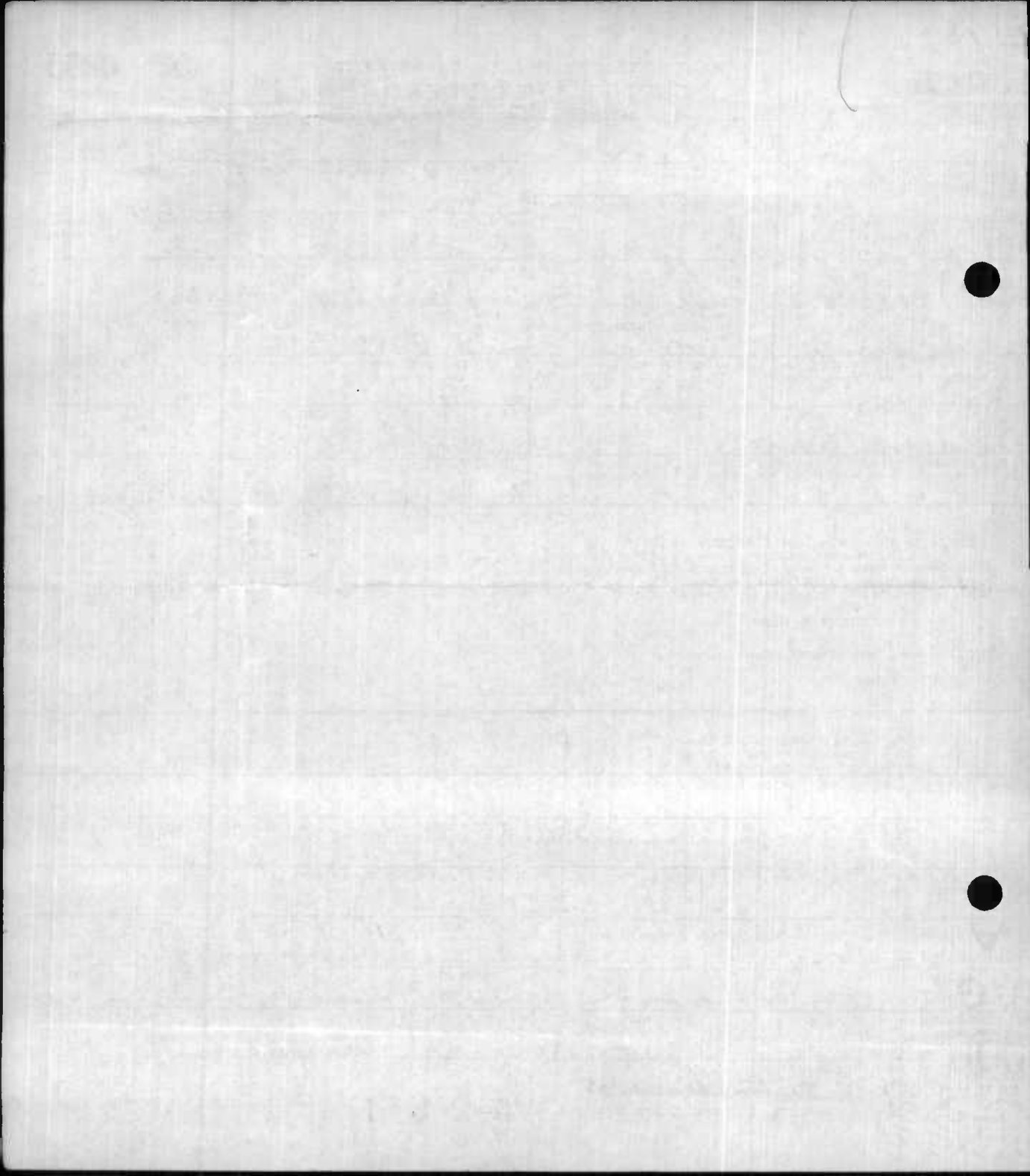
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0255

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary A. Myers</i>		2. DATE OF DEATH <i>Jan 8<sup>th</sup> 1952</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Balto</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) OSPITAL OR INSTITUTION <i>Idwood Leon Home</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>	
7. Length of stay in Baltimore <i>Life</i>		8. STREET ADDRESS (If rural, give location) <i>323 1/2 S. Hollins Ave.</i>	
9. SEX <i>Female</i>	10. COLOR OR RACE <i>White</i>	11. DATE OF BIRTH <i>July 30<sup>th</sup> 1874</i>	12. AGE (In years last birthday) <i>78</i>
13. MARRIAGE STATUS (Specify) <i>Widow</i>		14. CITIZENSHIP (If Under 1 Year Months: Days If Under 24 Hours Hours: Min.)	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		16. KIND OF BUSINESS OR INDUSTRY <i>-</i>	
17. FATHER'S NAME <i>Thomas Lyrell</i>		18. MOTHER'S MAIDEN NAME <i>Ann Crosby</i>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
21. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic C. V. D.</i>		22. INTERVAL BETWEEN ONSET AND DEATH	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
25. DATE OF OPERATION		26. MAJOR FINDINGS OF OPERATION	
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		30. HOW DID INJURY OCCUR?	
31. TIME (Month) (Day) (Year) (Hour) OF INJURY		32. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
33. I hereby certify that I attended the deceased from <i>Jan 4, 1952</i> to <i>Jan 8, 1952</i> , that I last saw the deceased alive on <i>Jan 7, 1952</i> , and that death occurred at <i>1 P. m.</i> , from the causes and on the date stated above.			
34. SIGNATURE <i>John D. [Signature]</i>		35. ADDRESS <i>3325 Frederick Ave</i>	
36. DATE SIGNED <i>Jan 9, 1952</i>		37. BUREAL CREMATION, REMOVAL (Specify)	
38. DATE <i>Jan 11<sup>th</sup> 1952</i>		39. NAME OF CEMETERY OR CREMATORY <i>New Leatherside</i>	
40. LOCATION (City, town, or county) <i>Edmondson Ave</i>		41. DATE RECEIVED BY LOCAL REGISTRAR <i>Jan 10 1952</i>	
42. REGISTRAR'S SIGNATURE <i>William [Signature]</i>		43. FUNERAL DIRECTOR ADDRESS <i>Logan [Signature] 1701-03 N. Patterson Park Dr</i>	





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## BALTIMORE CITY HEALTH DEPARTMENT

52 0256

## CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Stewart Levin</i>		2. DATE OF DEATH <i>1/10/52</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland Baltimore Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Moriland</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Sinai Hospital</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - 15-37</i>	
7. Length of stay in Baltimore <i>21 days</i>		8. STREET ADDRESS (If rural, give location) <i>3300 Bateman Ave.</i>	
9. SEX <i>male</i>	10. COLOR OR RACE <i>White</i>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	12. DATE OF BIRTH <i>12/20/57</i>
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		14. AGE (in years last birthday) <i>21</i>	
15. FATHER'S NAME <i>Leonard Levin</i>		16. MOTHER'S MAIDEN NAME <i>Lorraine Shapiro</i>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		18. SOCIAL SECURITY NO.	
19. INFORMANT <i>Nathan Visvini MD</i>		20. ADDRESS <i>Sinai Hospital</i>	

18. <i>561.2</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Peritonitis.</i>			
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Gangrenous Intestinal Obstruction</i>			
		DUE TO			
		(C) <i>Congenital Band.</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>operated 1 day after birth for omphalocele.</i>			
19A. DATE OF OPERATION <i>1/5/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Congenital Band and Gangrenous Small Bowels</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/4</i> , 1952, to <i>1/10</i> , 1952, that I last saw the deceased alive on <i>1/10</i> , 1952, and that death occurred at <i>10:35</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Nathan Visvini</i>		23B. ADDRESS <i>Sinai Hospital</i>		23C. DATE SIGNED <i>1/10/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>1/10/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Belington Cemetery</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		25. FUNERAL DIRECTOR <i>Sol Leunson</i>		ADDRESS <i>4124 26th North Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 10 1952</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams</i>			

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UNITED STATES OF AMERICA

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0257  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Edward M. Shipley		Jan. 9/52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 331 S. Fulton Ave.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 331 S. Fulton Ave.		8. DATE OF BIRTH Dec. 6, 1893	
9. AGE (in years, last birthday) 58		10. CITIZEN OF WHAT COUNTRY?	
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. MOTHER'S MAIDEN NAME Stella Bruce		14. INFORMANT Mrs. Frances E. Shipley	
15. ADDRESS 331 S. Fulton Ave.		16. SOCIAL SECURITY NO.	
17. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion		18. INTERVAL BETWEEN ONSET AND DEATH A few minutes	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Cardio-Vase. Renal Disease		20. INTERVAL BETWEEN ONSET AND DEATH Several years	
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		22. DATE OF OPERATION	
23. MAJOR FINDINGS OF OPERATION		24. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
25. ACCIDENT WAS UNDER- LYNING OR CONTRIBUTING CAUSE OF DEATH		26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY	
29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from Sept 1951, to Jan 7, 1952 that I last saw the deceased alive on Jan 7, 1952 and that death occurred at 3a.m., from the causes and on the date stated above.			
32. SIGNATURE Abraham Goldman M.D.		33. ADDRESS 206 S. Gilman St.	
34. DATE SIGNED 1/10/52		35. DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1952	
36. REGISTRAR'S SIGNATURE Edmondson		37. FUNERAL DIRECTOR Harry E. Hutzler	
38. ADDRESS 101 Edmondson		39. VS 150	

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Wm. E. Fox.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. 52 0258

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0258

1. NAME OF DECEASED (Type or Print) <u>Mr. William Henck.</u>			2. DATE OF DEATH <u>January 9, 1952</u>		
3. PLACE OF DEATH: <u>Baltimore City, Maryland</u> <u>Baltimore, Md.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Baltimore,</u> B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Agnes Hospital</u> <u>Caton &amp; Wilkens Ave.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Maryland.</u> <u>20 07</u>		
6. Length of stay in Baltimore <u>Life</u> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>3508 Caton Avenue.</u>		
7. SEX <u>M.</u>	8. COLOR OR RACE <u>W.</u>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	10. DATE OF BIRTH <u>June 25, 1905</u>		11. AGE (In years last birthday) <u>46</u>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			13. KIND OF BUSINESS OR INDUSTRY <u>Clerk, B. &amp; O.</u>		14. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>
15. FATHER'S NAME <u>Mr. Ernest Henck.</u>			16. CITIZEN OF U.S.A. <u>YES</u>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			18. SOCIAL SECURITY NO. _____		
19. MOTHER'S MAIDEN NAME <u>M. Flakeney.</u>			20. INFORMANT ADDRESS <u>Mrs. Nancy Henck - 3508 Caton Avenue.</u>		

18. <u>410 X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES:  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Pneumonia CVD</u> DUE TO (B) <u>Myocardial Stenosis</u> DUE TO <u>Chronic Hypertension</u> (C) _____		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1/6</u> , 19 <u>51</u> , to <u>1/8</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/8</u> , 19 <u>51</u> , and that death occurred at <u>2:30</u> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <u>John E. Treacy</u> M. D.		23B. ADDRESS <u>St. Agnes Hosp</u>		23C. DATE SIGNED <u>1/8/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Jan. 12/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>New Cathedral, 4300 Old Frederick Rd. Balto. Md.</u>	
24D. LOCATION (City, town, or county) <u>Md.</u>		24E. FUNERAL DIRECTOR <u>Harry S. Wychter</u>		24F. ADDRESS <u>4101 Edmondson Ave.</u>	

DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1952 REGISTRAR'S SIGNATURE William M. ... VS 150

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THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

1950





563  
02 0259BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0259  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Miss Susannah Mummert			2. DATE OF DEATH January 9, 1952		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Melchoir Nursing Home 2327 N. Charles Street			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-13		
7. LENGTH OF stay in Baltimore 60 years			8. STREET ADDRESS (If rural, give location) 619 St. Johns Road		
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	12. DATE OF BIRTH August 4, 1860	13. AGE (In years last birthday) 91	14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Weaver Retired 25 yrs. Cotton Mill			16. BIRTHPLACE (State or foreign country) Pennsylvania		
17. FATHER'S NAME Solomon Mummert			18. CITIZEN OF WHAT COUNTRY? U S A		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No			20. SOCIAL SECURITY NO.		
21. INFORMANT Mrs. Evelyn M. Johnson			22. ADDRESS 619 St. Johns Rd.		

18. 450.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gneralized arteriosclerosis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 yr	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II shortening of left leg.		sev yrs	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY g., in or about home, farm, factory, street, etc., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OR RRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NONE <input type="checkbox"/> RK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9-10-51, to 1-9-52, that I last saw the deceased alive on 1-8-52, and that death occurred at 6 A. m., from the causes and on the date stated above.					
23A. SIGNATURE E. Ellsworth Cook		23B. ADDRESS 2431 Maryland Avenue		23C. DATE SIGNED 1-10-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 11, 1952		24C. NAME OF CTERY OR CREMATORY Druid Rd	
24D. LOCATION (City, town, or county) (State) Pikesville, Maryland		25. FUNERAL DIRECTOR Burgee Funeral Home 3631 Falls Road Horace F. Burgee			
DATE RECEIVED BY LOCAL REGISTRAR JAN 10 1952		REGISTRAR'S SIGNATURE L. H. Williams			

Mr. Peck  
2431 Mid. Ave.

520

52 0260

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0260

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARY DRAKE

2. DATE  
OF  
DEATH

1-10-52

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNIVERSITY HOSP-

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE-14-01

D. STREET ADDRESS (If rural, give location)

1917 LINDEN AVE.

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. SEX

F

6. COLOR OR RACE

W-

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

19

9. AGE (In years  
last birthday)

49

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

WAITRESS

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Myersville Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES MYERS

14. MOTHER'S MAIDEN NAME

Rmanda Moser

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH191X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

PULMONARY EMBOLUS

2day.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

PHLEBOTROMBOSIS

(C)

CARCINOMA CERVIX

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12-26-

19B. MAJOR FINDINGS OF OPERATION

CORDOTOMY

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-1952 to 1-10-1952, that I last saw the  
deceased alive on 1-6-1952, and that death occurred at 528 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. H. Jr.

23B. ADDRESS

University City

23C. DATE SIGNED

1-10-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

12-13-52

24C. NAME OF CEMETERY OR CREMATORY

U.B. Myersville Md.

24D. LOCATION (City, town, or county)

Middleton Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington, Williams, M.D.

25. FUNERAL DIRECTOR

Solekhal

ADDRESS

Middleton Md.

VS 150

JAN 11 1952

784 6M

48a

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL  
DIVISION OF HEALTH SERVICES

DEPARTMENT OF HEALTH

OFFICE OF THE ATTORNEY GENERAL

DIVISION OF HEALTH SERVICES

DEPARTMENT OF HEALTH

OFFICE OF THE ATTORNEY GENERAL

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OFFICE OF THE ATTORNEY GENERAL

DIVISION OF HEALTH SERVICES

DEPARTMENT OF HEALTH

OFFICE OF THE ATTORNEY GENERAL

DIVISION OF HEALTH SERVICES

52 0261

CERTIFICATE CORRECTED 2/27/52 ES

52 0261

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. 390

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Steven Taylor

2. DATE  
OF  
DEATH

1/10/52

3. PLACE OF DEATH:

Baltimore City, Maryland 1104 Woodyear St

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION1104 Woodyear St.  
40 yrs. Yrs.  
Mos.  
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1104 Woodyear St

6. Length of stay in Baltimore

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)100. KIND OF BUSINESS OR  
INDUSTRY

3. FATHER'S NAME

William Taylor

5. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret Taylor 1104 Woodyear St

18. 260x and 202x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

11  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Moderately advanced pulmonary tuberculosis  
with cavitation

(over)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-31-1951, to 1-10-1952 that I last saw the  
deceased alive on 1-9-1952 and that death occurred at 3A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 11 1952

Huntington Williams, M.D.

Metropolitan Funeral Home Inc.

VS 150

1949 Edmondson Ave  
94055

12B

See Document File 52-0261

Dr. Saunders' and Dr. Silverman's correspondence

2/27/52 ES



BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

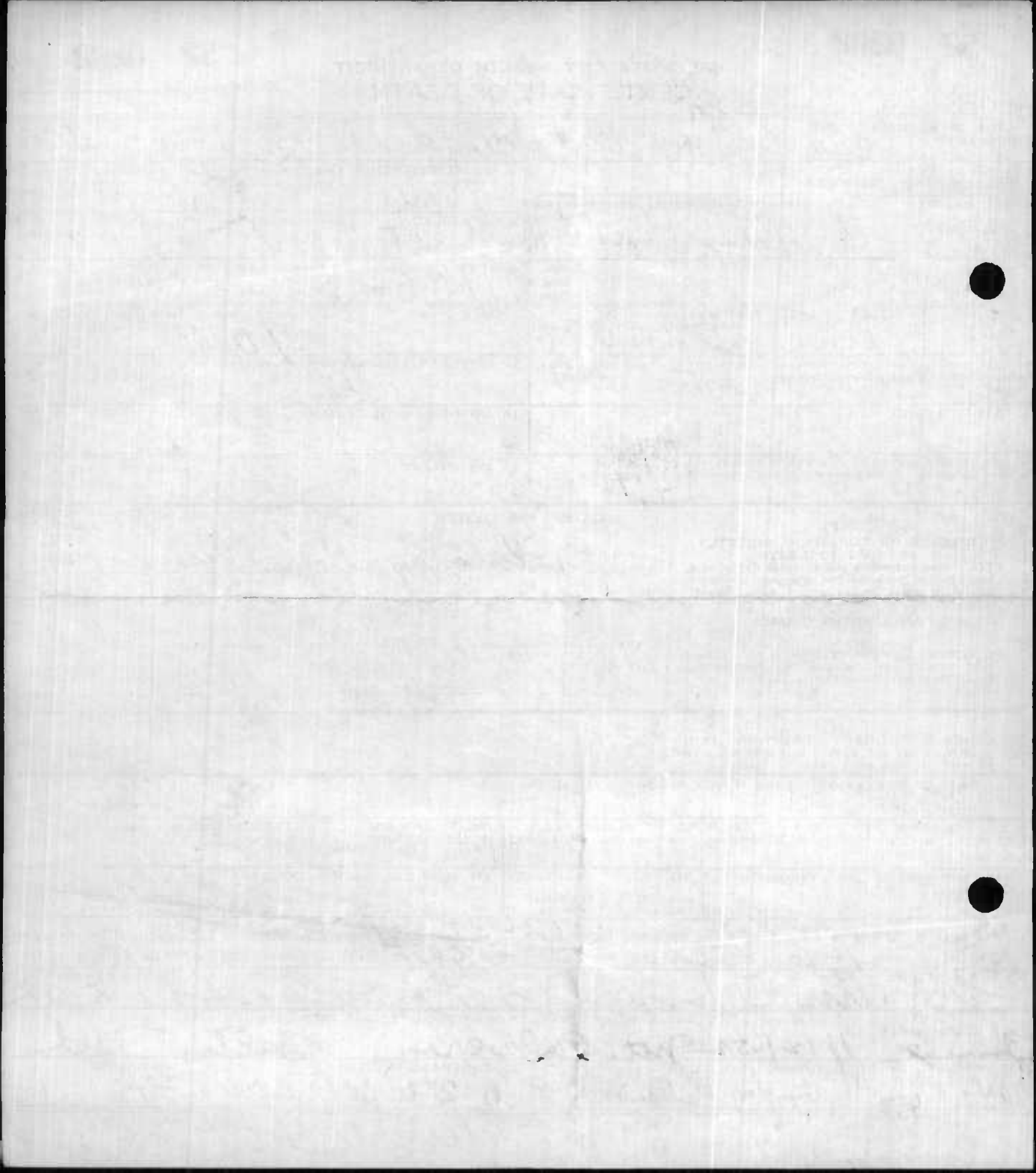
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Eustace Conaby Saunders</i>		2. DATE OF DEATH <i>1-6-52</i>	
3. PLACE OF DEATH: <i>Baltimore City, Maryland</i>		4. USUAL RESIDENCE (Where deceased lived before admission) A. STATE <i>Md.</i> B. COUNTY <i>city</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1133 - Horn Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) <i>Baltimore</i>	
6. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>1133 - Horn Street</i>	
7. SEX <i>M.</i>	8. COLOR OR RACE <i>Col.</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Separated</i>	10. AGE (In years last birthday) <i>70</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		12. KIND OF BUSINESS OR INDUSTRY <i>Contractor</i>	
13. BIRTHPLACE (State or foreign country) <i>Va.</i>		14. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
15. FATHER'S NAME		16. MOTHER'S MAIDEN NAME	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>212-18</i>		18. SOCIAL SECURITY NO. <i>4-131</i>	
19. INFORMANT		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>002X I Pulmonary Tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 m</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>12-31, 1951</i> to <i>1-6, 1952</i> that I last saw the deceased alive on <i>1-6, 1952</i> and that death occurred at <i>8:45 PM</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>W. Atwell Jones</i>	23B. ADDRESS <i>554 Dolphin</i>	23C. DATE SIGNED <i>1-8-52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1/12/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md</i>	
25. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 11 1952</i>	26. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	27. FUNERAL DIRECTOR <i>W. H. Heston - 918 - 97024</i>		
VS 150 <i>Almid Hill ave 130</i>				





36 52 0263

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0263  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Nicholas Castro</i>		2. DATE OF DEATH <i>Jan. 8, 1952</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>Cockeysville</i>	
6. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>Carroll Mill Rd 5300</i>	
7. SEX <i>male</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH <i>7-2-89</i>
11. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>farmer</i>		12. AGE (In years last birthday) <i>62</i>	
13. FATHER'S NAME <i>Samuel Castro</i>		14. BIRTHPLACE (State or foreign country) <i>Texas</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? <i>TEXAS</i>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>Mary Perts</i>	
19. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		20. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>023 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acute valvular insufficiency</i> DUE TO <i>Syphilis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>over 15 years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Exploratory laparotomy</i>		<i>over 15 years</i>

19. DATE OF OPERATION <i>1-7-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>multiple infarcts of small bowel</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *1/7/52* to *1/8/52*, 1952, that I last saw the deceased alive on *1/8*, 1952, and that death occurred at *12:08* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Kenneth M. Cole Jr.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>1-7-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1/12/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	24D. LOCATION (City, town, or county) (State) <i>Parkville MD</i>
--	-----------------------------	---	--

DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 11 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Funeral Home</i>	ADDRESS <i>2008 Olden St</i>
--	---	---	---------------------------------

*Application*

*Application for  
Certificate of Naturalization*

*Received at City of Boston*

*1-7-22*

52 0264

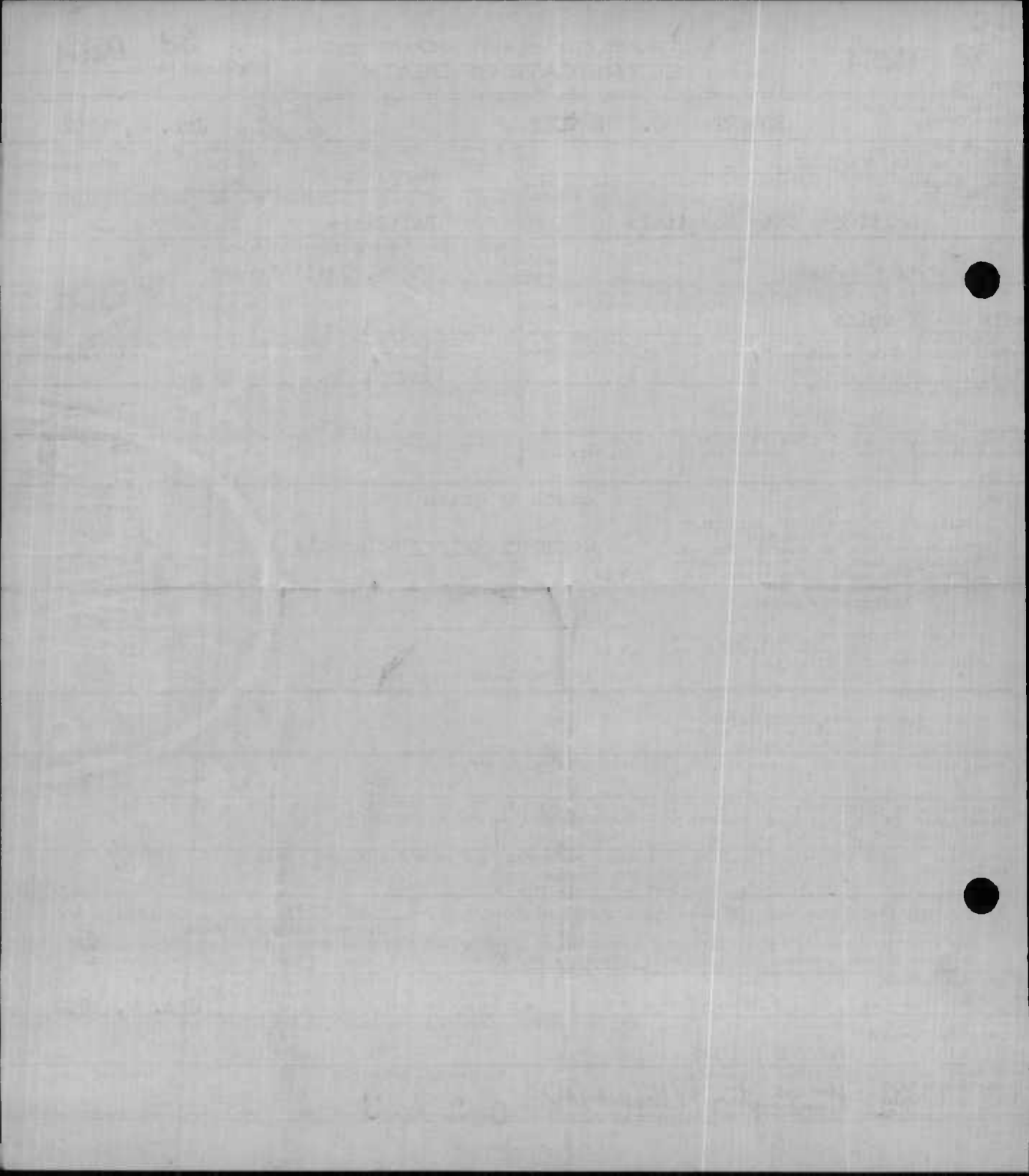
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0264  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>ROBERT C. BAILEY</b>		2. DATE OF DEATH <b>Jan. 8, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>Baltimore 26-05</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>604 S. Quail Street</b>	
7. SEX <b>male</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Sept. 22, 1909</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Billiard Parlor Operator</b>		12. AGE (In years last birthday) <b>42</b>	
13. KIND OF BUSINESS OR INDUSTRY <b>Billiards</b>		13a. Under 1 Year Months: Days	
14. FATHER'S NAME <b>George Bailey</b>		13b. Under 24 Hours Hours: Min.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Hazel Bailey 604 S. Quail St.</b>		18. ADDRESS	

18. <b>470.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary artery sclerosis</b> DUE TO A. ANTECEDENT CAUSES B. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. C. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>Coronary artery sclerosis</b> DUE TO A. ANTECEDENT CAUSES B. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. C. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Flora B. Dineen</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Jan. 9, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 12, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>	
24D. LOCATION (City, town, or county) (State) <b>Colgate, Md.</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>		ADDRESS <b>2008 Orleans St.</b>	

2908L

94a ✓



25  
52 0265

CERTIFICATE CORRECTED 1-29-52  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0265  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print) HELJE OLSON

2. DATE OF DEATH Jan. 2, 1952

PLACE OF DEATH: Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE New York  
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
Baltimore City Morgue

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Brooklyn

7. STREET ADDRESS (If rural, give location)  
137 St. John's Street

8. DATE OF BIRTH  
9. AGE (in years last birthday) 20 yrs  
10. UNDER 1 Year Months: Days  
11. UNDER 24 Hours Hours: Min.

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
SINGLE

11. BIRTHPLACE (State or foreign country)  
DENMARK

12. CITIZEN OF WHAT COUNTRY?  
DENMARK

13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
SPAMAN

14. KIND OF BUSINESS OR INDUSTRY  
Shipping Industry

15. FATHER'S NAME  
UNKNOWN

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mr. G.H. Ponder 22 Light St.

18. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

19. CAUSE OF DEATH  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)  
A. Burns of head and neck  
B. Asphyxia  
C. drowning  
DUE TO

20. INTERVAL BETWEEN ONSET AND DEATH

21. ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.  
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. DATE OF OPERATION  
23. MAJOR FINDINGS OF OPERATION  
24. AUTOPSY?  
YES ☒ NO ☐

25. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  
26. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
ship  
27. WHERE DID INJURY OCCUR?  
S.S. Bulkpetrol off Delaware Breakwater  
28. TIME (Month) (Day) (Year) OF INJURY  
Dec 25, 1951  
29. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐  
30. HOW DID INJURY OCCUR?  
Explosion on ship  
31. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

32. SIGNATURE  
Stanley H. Duclache  
33. CHIEF MEDICAL EXAMINER  
34. ASSISTANT MEDICAL EXAMINER  
35. MEDICAL INVESTIGATOR  
36. DATE SIGNED  
Jan. 3, 1952

37. BURIAL, CREMATION, REMOVAL (Specify)  
CREMATION  
38. DATE  
1-11-52  
39. NAME OF CEMETERY OR CREMATORY  
GREEN MOUNT  
40. LOCATION (City, town, or county) (State)  
BALTIMORE Md.

41. DATE RECEIVED BY REGISTRAR  
JAN 11 1952  
42. REGISTRAR'S SIGNATURE  
Huntington Williams, M.D.  
43. FUNERAL DIRECTOR  
Schoy O. Mitchell  
44. ADDRESS  
1900 Eutaw Place

S 151  
N-990X  
673 53  
172 V

1000

RECEIVED

1000





5 52 0266

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0266  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Daisy Mae Panson

2. DATE  
OF  
DEATH

January 10, 1952

PLACE OF DEATH:  
Baltimore City, Maryland

Holt

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.  
Mos.  
Days

Length of stay in Baltimore

3. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

White

Married

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

9. FATHER'S NAME

Cand. Patterson

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

N.C.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Kannapolis N.C.

D. STREET ADDRESS (If rural, give location)

1103 S. Main St.

8. DATE OF BIRTH

8-24-25

9. AGE (In years last birthday)

26

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Kate M. Alexander

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral anoxia

INTERVAL BETWEEN ONSET AND DEATH

Indefinite

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Tetralogy of Fallot

Congenital

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 1952 to 1-10, 1952 that I last saw the deceased alive on 1-10, 1952, and that death occurred at 10:00 m., from the causes and on the date stated above.

23A. SIGNATURE

D.E. McShane

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1-11-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

Jan 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Caroline Mem. Cem. Kannapolis, North Carolina

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Walligues, M.D.

25. FUNERAL DIRECTOR

J. Q. Mitchell &amp; Sons Inc.

ADDRESS

per A. Lewis

157E

VS 150

10.50.50

RECEIVED

10.50.50



20 52 0267

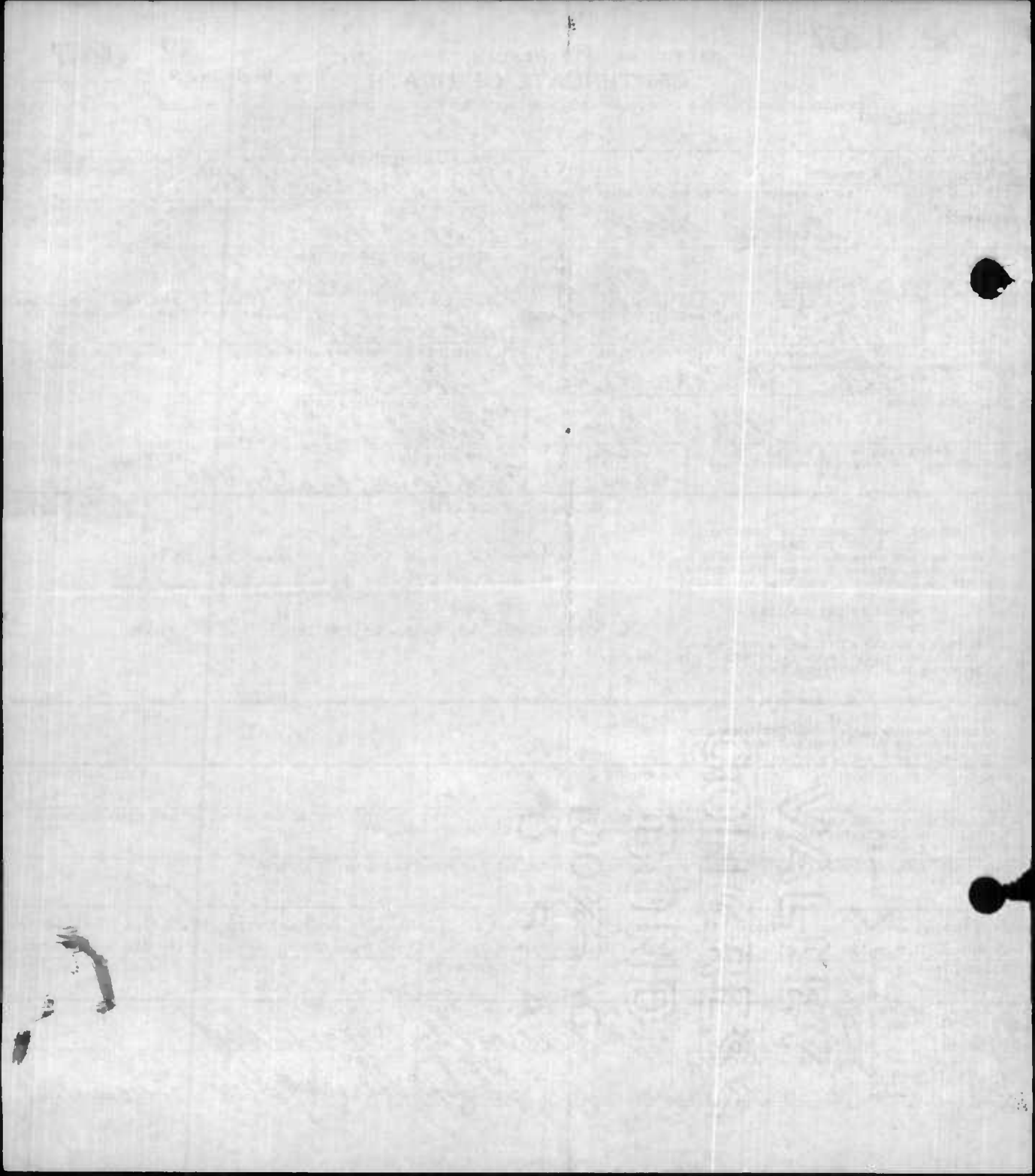
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0267  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Conrad Seitz</i>		2. DATE OF DEATH <i>1-9-52</i>	
3. PLACE OF DEATH: Baltimore City, Maryland <i>Sinai Hospital</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hosp</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>6-03</i>	
6. COLOR OR RACE <i>White</i>		D. STREET ADDRESS (If rural, give location) <i>11 W. Bradford St</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>July 28, 1869</i>	
9. SEX <i>Male</i>		9. AGE (in years last birthday) <i>82</i>	
10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <i>Meat Cuts</i>		11. BIRTHPLACE (State or foreign country) <i>Unknown</i>	
10. KIND OF BUSINESS OR INDUSTRY <i>Butcher/Retiree</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Chas Seitz</i>		14. MOTHER'S MAIDEN NAME <i>Mrs. Gustav Kistner</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Mrs. James Pratt, 933 W. Duane</i>		ADDRESS	
18. <i>199.8</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma with metastasis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Primary Carcinoma site unknown</i> DUE TO <i>Carcinoma</i>			
19. DATE OF OPERATION <i>0</i> 19b. MAJOR FINDINGS OF OPERATION <i>Carcinoma</i>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>December 21, 1951</i> , to <i>January 9, 1952</i> , that I last saw the deceased alive on <i>Jan 9</i> , 1952, and that death occurred at <i>m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>D. M. Alstary</i>		23B. ADDRESS <i>Sinai Hospital</i>	
23C. DATE SIGNED <i>Jan 12/52</i>			
24. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24. NAME OF CEMETERY OR CREMATORY <i>MT Carmel</i>	
24. DATE <i>Jan 12/52</i>		24. LOCATION (City, town, or county) (State) <i>Baltimore</i>	
25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		25. ADDRESS <i>Philip Herring Son</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 11 1952</i>		25. ADDRESS <i>205 E. Calver St</i>	

VS 150

55E



52 0268

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0268

Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Leuka Rozior

2. DATE  
OF  
DEATH

1-7-1952

PLACE OF DEATH:  
Baltimore City, MarylandFULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

4667 Falls Road

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4667 Falls Road

Leton of stay in Baltimore

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nathaniel Hopkins

14. MOTHER'S MAIDEN NAME

Caroline Hopkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Moses Smith

ADDRESS

18. 241X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute bronchial asthma

3 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

Hypertensive cardio-vas. disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7-1952 to 1-7-1952, that I last saw the deceased alive on 1-7-1952, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

C.R. Campbell

23B. ADDRESS

718 Dolphin St.

23C. DATE SIGNED

1-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1/11/1952

Trapp

Trapp

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

N 11 1952

Huntington Williams, M.D.

Mrs. Kate R. Williams

322 N. Schroeder St.

VS 150

Note: This deceased was treated by me in 1949-50 for hypertensive cardio-vascular disease. C.R. Campbell 937

150

2

THE OFFICE OF THE ATTORNEY GENERAL

DEPARTMENT OF JUSTICE

WASHINGTON, D. C. 20530

UNITED STATES OF AMERICA

VS.

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

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JOHN EDGAR HOOVER

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JOHN EDGAR HOOVER

Defendant

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Defendant

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

Defendant

JOHN EDGAR HOOVER

Defendant



23 52 0269

52 0269

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

JOHN LUCKEY KIRKWOOD

2. DATE  
OF  
DEATH

JAN. 10, 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION1723 E. 32<sup>ND</sup> ST.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO.

9-06

D. STREET ADDRESS (If rural, give location)

1723 E. 32<sup>ND</sup> ST.

Length of stay in Baltimore

31 YRS.

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

W

MARRIED

8. DATE OF BIRTH

JUNE 6, 1886

9. AGE (in years last birthday)

65

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR INDUSTRY

PACKING CO.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

SAMUEL M. KIRKWOOD

14. MOTHER'S MAIDEN NAME

VIRGINIA LUCKEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

26-05-5702

17. INFORMANT

LULA A. KIRKWOOD

ADDRESS

SAME

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

5 years

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1951, to Jan 10, 1952, that I last saw the deceased alive on Jan 10, 1952, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William F. Pearce

M. D.

23B. ADDRESS

2105 N Charles St

23C. DATE SIGNED

Jan 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1-14-1952

24C. NAME OF CEMETERY OR CREMATORY

BETHEL CEM.

24D. LOCATION (City, town, or county)

HARFORD CO.

(State)

MD.

DATE RECEIVED BY

JAN 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

H.W. JENKINS &amp; SONS CO. 4905 YORK RD

ADDRESS



227 ST PAUL FL.

DR. WM F. PEARCE

613 52 0270

H07424

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0270  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Nannie Corlitt

2. DATE

OF DEATH January 9, 1952

3. PLACE OF DEATH:  
Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Md. B. COUNTY before admission)5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
Baltimore - 27-14 township)

D. STREET ADDRESS (If rural, give location)

102 Oakdale Rd.

Length of stay in Baltimore

6. SEX Female 7. COLOR OR RACE White 8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

9. DATE OF BIRTH

1-23-71

10. AGE (in years  
last birthday)

80

11. Under 1 Year Months: Days 12. Under 24 Hours Hours: Min.

13. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

14. KIND OF BUSINESS OR  
INDUSTRY

own home

15. BIRTHPLACE (State or foreign country)

Baltimore Md

16. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

17. FATHER'S NAME

J. Wilcox Brown

18. MOTHER'S MAIDEN NAME

Turner MacFarland

19. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

No

20. SOCIAL  
SECURITY NO.

21. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

22. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

Stroke

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Generalized Atherosclerosis

DUE TO

(C) Hypertension

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

23. DATE OF OPERATION

24. MAJOR FINDINGS OF OPERATION

25. AUTOPSY?

YES ☒ NO ☐26. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH27. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)28. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?29. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

30. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

31. HOW DID INJURY OCCUR?

32. I hereby certify that I attended the deceased from 1-9, 1952 to 1-9, 1952, that I last saw the  
deceased alive on 1-9, 1952, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

33. SIGNATURE

Julius R. Kiersaus

M. D.

34. ADDRESS

JOHNS HOPKINS HOSPITAL

35. DATE SIGNED

36. BURIAL, CREMA-  
TION, REMOVAL (Specify)

37. DATE

Jan 12 1952

38. NAME OF CEMETERY OR CREMATORY

Green Mount

39. LOCATION (City, town, or county)

Baltimore Md

(State)

40. DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

41. FUNERAL DIRECTOR

ADDRESS

A. Jenkins &amp; Sons Co 4901 York Rd

VS 150

83a

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

*[Faint, illegible text and markings on a form, likely a death certificate or vital record. The text is mirrored and difficult to decipher.]*

52 0271

52 0271

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Samuel A. Hobbs

2. DATE  
OF  
DEATH

January 9, 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

Franklin Square Hospital

Length of stay in Baltimore

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1904 Wilkins Avenue

20-03

1. SEX  
male6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married8. DATE OF BIRTH  
Dec. 19, 18739. AGE (In years  
last birthday)  
7810. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Bricklayer

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Delphes, Ohio

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Hobbs

14. MOTHER'S MAIDEN NAME

Candace Weddle

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.  
218-03-3769

17. INFORMANT

ADDRESS

Mrs. Mary E. Hobbs, 1904 Wilkins Avenue

18. 443X I  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATH(A) ...  
DUE TO

Hypertensive cardi vascular disease

(B) ...  
DUE TO

Arterio-sclerosis

(C) ...

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 1942 to 1-7, 1952 that I last saw the  
deceased alive on 1-7, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

2105 Belair Rd

23C. DATE SIGNED

1-11-52

4A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 11 1952

Huntington Williams, M.D.

J. M. G. G. G.

1217 St. Paul Street

STATE OF NEW YORK  
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Funeral Home	
16. Signature of Cemetery		17. Signature of Burial		18. Signature of Interment	
19. Signature of Burial		20. Signature of Interment		21. Signature of Burial	
22. Signature of Interment		23. Signature of Burial		24. Signature of Interment	
25. Signature of Burial		26. Signature of Interment		27. Signature of Burial	
28. Signature of Interment		29. Signature of Burial		30. Signature of Interment	
31. Signature of Burial		32. Signature of Interment		33. Signature of Burial	
34. Signature of Interment		35. Signature of Burial		36. Signature of Interment	
37. Signature of Burial		38. Signature of Interment		39. Signature of Burial	
40. Signature of Interment		41. Signature of Burial		42. Signature of Interment	
43. Signature of Burial		44. Signature of Interment		45. Signature of Burial	
46. Signature of Interment		47. Signature of Burial		48. Signature of Interment	
49. Signature of Burial		50. Signature of Interment		51. Signature of Burial	
52. Signature of Interment		53. Signature of Burial		54. Signature of Interment	
55. Signature of Burial		56. Signature of Interment		57. Signature of Burial	
58. Signature of Interment		59. Signature of Burial		60. Signature of Interment	
61. Signature of Burial		62. Signature of Interment		63. Signature of Burial	
64. Signature of Interment		65. Signature of Burial		66. Signature of Interment	
67. Signature of Burial		68. Signature of Interment		69. Signature of Burial	
70. Signature of Interment		71. Signature of Burial		72. Signature of Interment	
73. Signature of Burial		74. Signature of Interment		75. Signature of Burial	
76. Signature of Interment		77. Signature of Burial		78. Signature of Interment	
79. Signature of Burial		80. Signature of Interment		81. Signature of Burial	
82. Signature of Interment		83. Signature of Burial		84. Signature of Interment	
85. Signature of Burial		86. Signature of Interment		87. Signature of Burial	
88. Signature of Interment		89. Signature of Burial		90. Signature of Interment	
91. Signature of Burial		92. Signature of Interment		93. Signature of Burial	
94. Signature of Interment		95. Signature of Burial		96. Signature of Interment	
97. Signature of Burial		98. Signature of Interment		99. Signature of Burial	
100. Signature of Interment		101. Signature of Burial		102. Signature of Interment	

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 0272

IRTH NO.

1. NAME OF DECEASED (Type or Print) <b>NORMAN H. J. LEE</b>			2. DATE OF DEATH <b>Jan. 9, 1952</b>		
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Harford</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Perryman</b>		
6. Length of stay in Baltimore <b>1</b> Yrs. <b>1</b> Mos. <b>0</b> Days <b>0</b>			D. STREET ADDRESS (If rural, give location) <b>6200</b>		
7. SEX <b>male</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>6-17-1892</b>	11. AGE (In years last birthday) <b>59</b>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Proprietor</b>			14. BIRTHPLACE (State or foreign country) <b>Harford Co., Md.,</b>		
15. KIND OF BUSINESS OR INDUSTRY <b>Auto Dealer</b>			16. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
17. FATHER'S NAME <b>Isaac S. Lee</b>			18. MOTHER'S MAIDEN NAME <b>Sarah Kehoe</b>		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>			20. SOCIAL SECURITY NO. <b>174</b>		
21. INFORMANT <b>N. Joseph Lee, Perryman, Md.</b>			22. ADDRESS <b>6200</b>		

23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>E 8164</b>	24. CAUSE OF DEATH (A) <b>CranioCerebral injury</b> DUE TO (B) DUE TO (C)	25. INTERVAL BETWEEN ONSET AND DEATH
26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

28. DATE OF OPERATION <b>Jan. 12, 1952</b>	29. MAJOR FINDINGS OF OPERATION <b>road</b>	30. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
31. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? <input checked="" type="checkbox"/>	32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>road</b>	33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Route 7 nr. Van Bibber Harford County, Md.</b>
34. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Jan. 7, 1952 5:00 P.M.</b>	35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input checked="" type="checkbox"/>	36. HOW DID INJURY OCCUR? <b>Auto &amp; auto collision (driver)</b>
37. I certify that I took charge of the remains described above, held an <b>autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
38. SIGNATURE <b>Stanley H. Denecker</b>	39. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	40. DATE SIGNED <b>Jan. 9, 1952</b>

41. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	42. DATE <b>Jan. 12, 1952</b>	43. NAME OF CEMETERY OR CREMATORY <b>Speesutia</b>	44. LOCATION (City, town, or county) (State) <b>Perryman, Harford Md</b>
45. DATE RECEIVED BY LOCAL REGISTRAR <b>AN 11 1952</b>		46. REGISTRAR'S SIGNATURE <b>Howard K. McCornes</b>	
47. FUNERAL DIRECTOR <b>Abingdon Maryland 1702</b>		48. ADDRESS <b>2906J</b>	





52 0273

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0273

Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Annie L. Wilson

2. DATE  
OF  
DEATH January 10, 1952PLACE OF DEATH:  
Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION 633 East 29th Street4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

633 East 29th Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX Female 6. COLOR OR RACE white 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH November 18, 1867 9. AGE (in years last birthday) 84 10. Under 1 Year Months: Days: 11. Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Ret - Charwoman10B. KIND OF BUSINESS OR INDUSTRY  
Baltimore City

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Wilson

14. MOTHER'S MAIDEN NAME

Jennie Kanapp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.  
none17. INFORMANT ADDRESS  
Charles H. Long, 253 Ridge Avenue, Towson

18. 4. 20. 1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

(A) ...

DUE TO

(B) ...

DUE TO

(C) ...

INTERVAL BETWEEN ONSET AND DEATH

1 1/2 hrs.  
5 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1951, to Jan. 10, 1952, that I last saw the deceased alive on Jan. 9, 1952, and that death occurred at 1:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE Lloyd E. Saylor M. D.

23B. ADDRESS 3902 Greenmount Ave.

23C. DATE SIGNED Jan 10, 52

24A. BURIAL, CREMATION, REMOVAL (Specify) burial

24B. DATE 1/12/52

24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

24D. LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Hm. Cook, Inc.

ADDRESS

1217 St. Paul Street

VS 150

937

STATE OF TEXAS

OFFICE OF DEATH

DEATH OF

DEATH OF

II

DEATH OF

DEATH OF

DEATH OF

DEATH OF

DEATH OF

DEATH OF

DEATH OF

60 52 0274

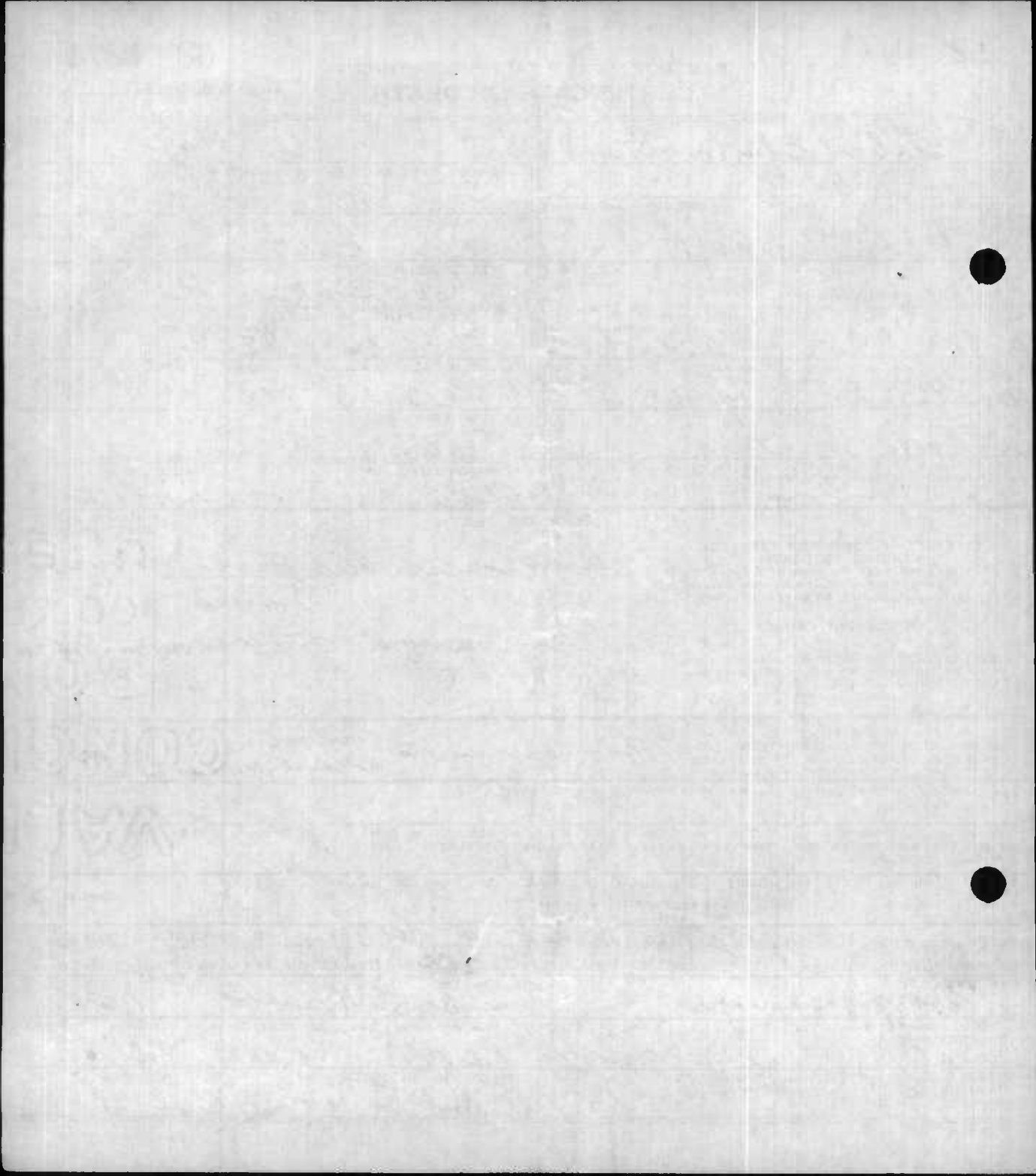
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0274

Registered No.

IRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Albert Elmer Starr Sr</i>		2. DATE OF DEATH <i>1/9/52</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>4903 Hampnett Ave</i>		C. CITY OR TOWN <i>Balto</i>	
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>408 Hopkins Rd 5200</i>	
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	10. DATE OF BIRTH <i>6/17/1868</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hard Painter</i>		12. AGE (In years last birthday) <i>83</i>	13. If Under 1 Year Months _____ Days _____ If Under 24 Hours Hours _____ Min. _____
14. KIND OF BUSINESS OR INDUSTRY <i>Y.M.C.A.</i>		15. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>	
16. FATHER'S NAME <i>James H. Starr</i>		17. CITIZEN OF WHAT COUNTRY?	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>		19. SOCIAL SECURITY NO.	
20. MOTHER'S MAIDEN NAME <i>Sarah J. Howard</i>		21. INFORMANT ADDRESS <i>Albert E. Starr Jr, 2776 Pivoli Ave</i>	
22. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT. <i>Psychosis due to cerebral arteriosclerosis</i>		23. INTERVAL BETWEEN ONSET AND DEATH <i>3 yrs.</i> <i>10 yrs.</i> <i>1 yr.</i>	
24. DATE OF OPERATION <i>0</i>		25. MAJOR FINDINGS OF OPERATION	
26. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
30. TIME (Month) (Day) (Year) (Hour) OF INJURY	31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	32. HOW DID INJURY OCCUR?	
33. I hereby certify that I attended the deceased from <i>Aug. 14, 1951</i> , to <i>Jan. 9, 1952</i> , that I last saw the deceased alive on <i>Jan. 5, 1952</i> , and that death occurred at <i>2:00 p.m.</i> , from the causes and on the date stated above.			
34. SIGNATURE <i>George Sweeney</i>		35. ADDRESS <i>4808 Harford</i>	
36. DATE SIGNED <i>1/10/52</i>			
37. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	38. DATE <i>1/12/52</i>	39. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	40. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
41. LOCAL REGISTRAR'S SIGNATURE <i>Huntington Williams, Md.</i>		42. FUNERAL DIRECTOR ADDRESS <i>4000 E. 1217 St. Paul St.</i>	



56 52 0275

CERTIFICATE CORRECTED 1-22-52

52 0275

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

RTH NO.		NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Elizabeth Griesener		1/9/52 5:50 P.M.	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)			
		A. STATE Md.			
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
526 S. Belnord Ave		Balto 1-03			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
Yrs. Mos. Days		526 S. Belnord Ave			
SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months Days
Female	White	Widowed	12/1/1888	73	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
Housewife		Balto. Md.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
John Spicer		Mary (Unknown)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
No				Marie Bushman 712 S. Glover St	
18. 420.1		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Apoplexy			48 hrs.
ANTECEDENT CAUSES		DUE TO Hypertension & generalized arterio-sclerosis, coronary heart disease			?
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Heart Disease			
		(C)			
II					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
0					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from Jan 9, 1952, to Jan 9, 1952, that I last saw the deceased alive on Jan 9, 1952, and that death occurred at 11:00 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
[Signature]		700 S. Pratt St.		1/10/52	
4A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		1/12/52		Schwartz	
				24D. LOCATION (City, town, or county) (State)	
				Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
JAN 11 1952		Huntington Williams, M.D.		608 W. 17 St. Paul St.	

CONFIDENTIAL - SECURITY INFORMATION  
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

U.S. AIR FORCE  
OFFICE OF THE  
JOINT CHIEFS OF STAFF  
WASHINGTON, D.C.  
20330-5000  
ATTENTION: JCS-100



20 52 0276

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0276  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Julia Brooks

2. DATE  
OF  
DEATH

Jan 8-1952

PLACE OF DEATH:

Baltimore City, Maryland

Bar Will Bar

FULL NAME OF

(If not in hospital or institution, give street address or location)

OSPITAL OR  
INSTITUTIONBar-Will-Bar  
Baltimore  
50 Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

1372 N Stockton St 15-01  
Baltimore Md.  
(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female Colored Widowed

8. DATE OF BIRTH

1886

9. AGE (in years last birthday)

65 yrs

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Homemaker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

Lancaster Co Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Van Gaskin

14. MOTHER'S MAIDEN NAME

Lucy Ball

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. 446X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Insulin Arteriosclerosis  
(C) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

Hep.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Jan, 1952, that I last saw the deceased alive on Jan 7, 1952, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 11 1952

Huntington Williams

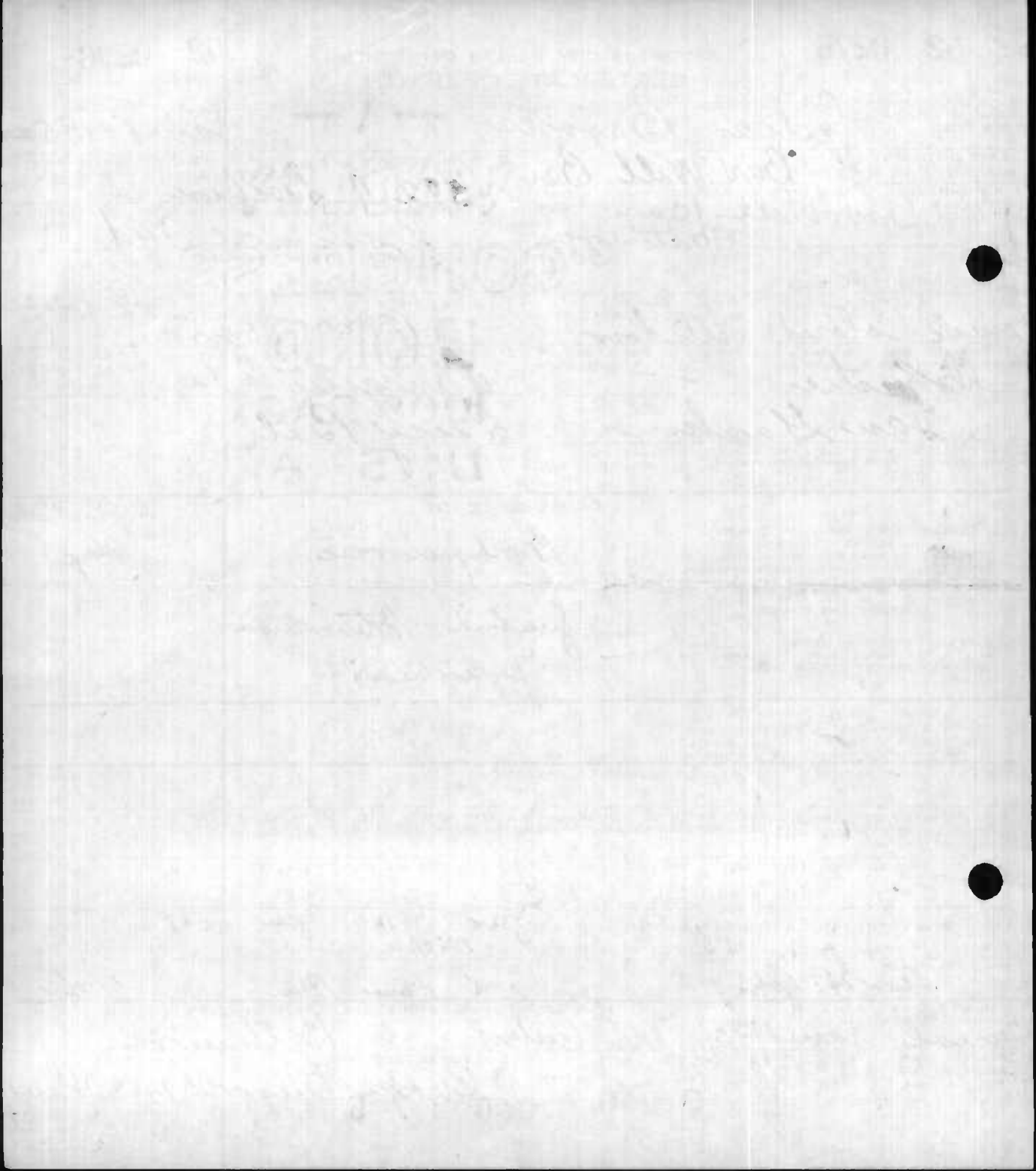
12 Brooks Ruggold 1463 N. Carey St

VS 150

720FA

131a





20 52 0277

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 0277

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Albert Edward THOMAS

2. DATE  
OF  
DEATH

1-9-52

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE MARYLAND, B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

7210 Harford Rd. 5200

Length of stay in Baltimore

50

Yrs.  
Mos.  
Days

SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M WHITE MARRIED

8. USUAL OCCUPATION (If deceased was a housewife, write "HOUSEWIFE") 9. KIND OF BUSINESS OR INDUSTRY

GENERAL MANAGER, FREIGHT AGENT, FORWARDING

10. FATHER'S NAME

DAVID R. THOMAS

11. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

UNKNOWN

12. SOCIAL SECURITY NO.

13. INFORMANT

ADDRESS 7210  
Mrs Mary C. Thomas Harford

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebro-vascular accident

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial asthma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OCCUR

m.

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from JAN. 9, 1952, to JAN 9, 1952, that I last saw the deceased alive on JAN. 9, 1952, and that death occurred at 10:20 P.m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Anderson

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

1-9-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-12-52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY REGISTRAR

REGISTRAR'S SIGNATURE

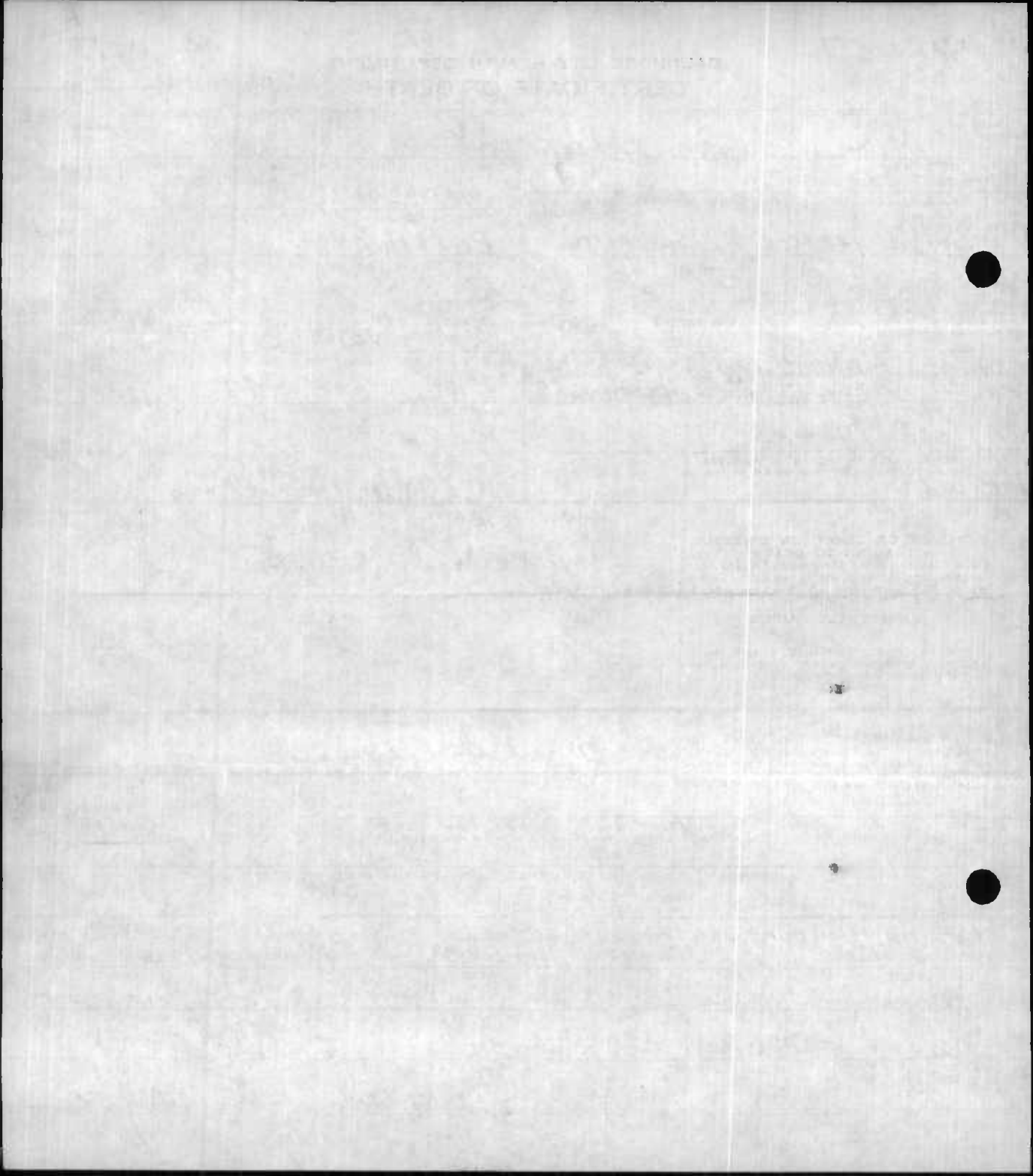
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. Buck

ADDRESS

5305 Harford



354 52 0278

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0278

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William S. Stimmel

2. DATE  
OF  
DEATH

Jan. 8-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1428 Gorsuch Ave

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

8B. KIND OF BUSINESS OR INDUSTRY

9. FATHER'S NAME

George Stimmel

10. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

705-094363

8. DATE OF BIRTH

April 18-1883

9. AGE (In years  
last birthday)

68

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Artemia Sherman

17. INFORMANT

Mrs. Fanny Stimmel

ADDRESS 1428  
Gorsuch

18. 4221

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebro-vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Myocardial Insufficiency

DUE TO

(C) Arteriosclerotic Cardio-vascular Disease

INTERVAL BETWEEN  
ONSET AND DEATH

4 days

6 yrs.

6 yrs.

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

OCCUR

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19 to Jan. 8, 1952, that I last saw the deceased alive on Jan. 8, 1952, and that death occurred at 11:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Loy M. Zimmerman M. D.

23B. ADDRESS

2858 Harford Rd.

23C. DATE SIGNED

Jan. 9, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1-12-52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town or county)

Baltimore

(State)

Md

DATE RECEIVED BY  
REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M. D.

25. FUNERAL DIRECTOR

L. J. Ruck

ADDRESS

5305 Harford

VS 150

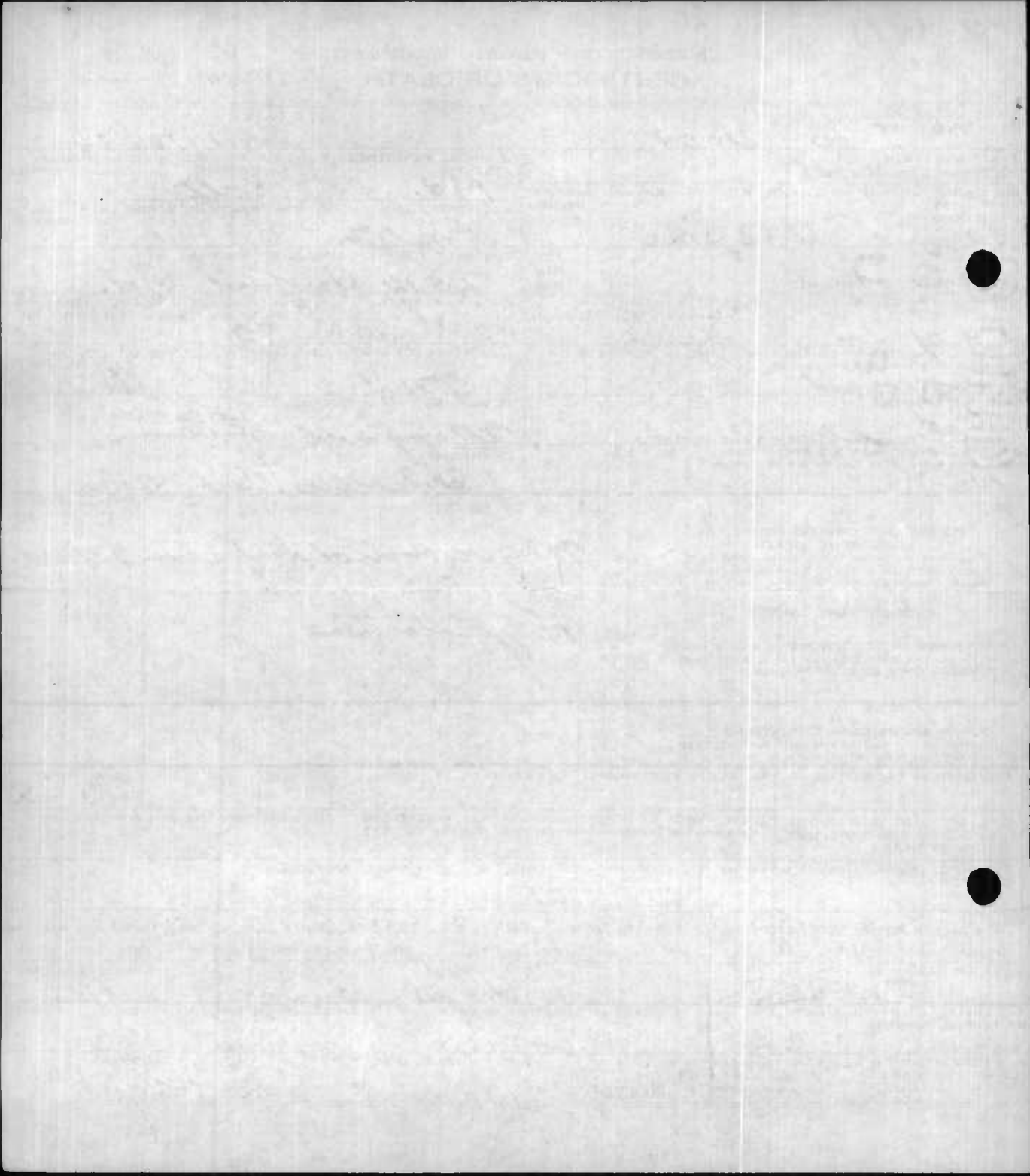
523 53

937

Dr. Zimmerman

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				52 0279 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>Ida West.</b>				2. DATE OF DEATH <b>1/10/52</b>	
3. PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Balto.</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Univ. Hospital</b>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b> <b>27-02</b>	
6. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) <b>4512 Harford Rd.</b>	
7. SEX <b>F</b>	8. COLOR OR RACE <b>W</b>	9. <del>SINGLE</del> MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>Mar 18-1881</b>		11. AGE (In years last birthday) <b>70</b>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>			13. KIND OF BUSINESS OR INDUSTRY		14. BIRTHPLACE (State or foreign country) <b>Md.</b>
15. FATHER'S NAME <b>Columbus West.</b>			16. MOTHER'S MAIDEN NAME <b>Mary Ann Koerber</b>		17. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>			19. SOCIAL SECURITY NO.		
20. INFORMANT ADDRESS <b>Idabelle West (Daughter)</b>					
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Myocardial Infarction 2 days.</b>				INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertension</b>					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
21A. DATE OF OPERATION <b>0</b>		21B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan. 7</b> , 19 <b>52</b> , to <b>Jan. 10</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Jan. 9</b> , 19 <b>52</b> and that death occurred at <b>m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>E. B. G. J. J.</b>		23B. ADDRESS <b>Univ. Hosp.</b>		23C. DATE SIGNED <b>1/10/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-14-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Shoddawn</b>	
24D. LOCATION (City, town, or county) <b>Balto</b>		24E. STATE <b>Mo</b>		25. FUNERAL DIRECTOR'S ADDRESS <b>5305 Harford Rd</b>	
26. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 11 1952</b>		26. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		27. FUNERAL DIRECTOR'S SIGNATURE <b>L. Q. Ruck</b>	
VS 150					

94a





6052 0280

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0280

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

J. Walter Beaver

2. DATE  
OF  
DEATH

Jan. 10-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

3207 Evergreen Ave

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

6. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Foreman

8b. KIND OF BUSINESS OR  
INDUSTRY

P.O.

9. FATHER'S NAME

Joseph Beaver

10. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Jan. 19-1887

9. AGE (In years  
last birthday)

64

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ellen ?

17. INFORMANT

Mrs. Lulu V. Beaver

ADDRESS 3207  
Evergreen

18.

153X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Carcinoma

INTERVAL BETWEEN  
ONSET AND DEATH

1 yr.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1 yr ago

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of the bowels

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1951, to Jan. 10, 1952, that I last saw the  
deceased alive on Jan 9, 1952, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Jacob Fisher

M. D.

23B. ADDRESS

1823 N. Washington St

23C. DATE SIGNED

1/11/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1-12-52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 11 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. Luck

ADDRESS

5305 Harford

VS 150

18520300279  
52390

46E

Dr. Fisher  
1823 N. Washington

20  
52 0281BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0281  
Registered No.

1. NAME OF DECEASED (Type or Print)		CHARLES WILLS		2. DATE OF DEATH Jan. 9, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-06			
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1928 E. 29th Street			
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	10. DATE OF BIRTH Feb. 19, 1885	11. AGE (in years last birthday) 66	12. Under 1 Year Months Days Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10B. KIND OF BUSINESS OR INDUSTRY Pitt. Plate Glass		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Thomas Wills			
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. 213-30-2752		16. INFORMANT Mr. LeRoy A. Wills	
17. ADDRESS 1928 E. 28th. S		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary artery sclerosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley A. Dineen		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED 1-9-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan. 14th/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR John T. Stansbury 2700 Edmondson Av.			

1897

1897

*[Faint, illegible text, likely bleed-through from the reverse side of the page. The text is too light to transcribe accurately.]*

400 52 0282

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0282  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HARRY A. ZILE

2. DATE  
OF  
DEATH 1-8-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Mount Royal Hotel

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

unknown

13. FATHER'S NAME

Harry A. Zile

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War No. 1

16. SOCIAL  
SECURITY NO.

219-12-6668

8. DATE OF BIRTH

May 18, 1895

9. AGE (In years  
last birthday) If Under 1 Year  
Months Days Hours Min.

56

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary E. Carrill

17. INFORMANT

ADDRESS

Mrs. Anna Dingfelder-2914 Loudon Ave.

18. E-970.7

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Barbiturate poisoning

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING OR CONTRIB-  
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)  
hotel21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?Mt. Royal Hotel-Mt. Royal Ave. & Calvert  
St.21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY (found)

J 8, 1952 10:10 P.m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE  
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Self ingestion of barbiturate

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley A. Dunsen

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....23C. DATE SIGNED  
Jan. 9, 19524A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/11/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem. Balto., Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edm. J. Ticken &amp; Sons

ADDRESS

1630 Balto Md

S 151

N-9711.0

49099

1630

Alm. J. Tinkner  
Bate 1111

52 0283

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0283

Registered No.

1. NAME OF DECEASED Type or Print) <b>EDWARD JOSEPH COURTNEY</b>		2. DATE OF DEATH <b>Jan. 6, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1803 Ellamont St. 15-06</b>	
7. SEX <b>male</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	10. DATE OF BIRTH <b>Dec. 6, 1905</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>?</b>		12. AGE (In years last birthday) <b>46</b> If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.	
13. FATHER'S NAME <b>Edward Joseph Courtney</b>		14. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>yes after World War I</b>		16. CITIZEN OF WHAT COUNTRY? <b>✓</b>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>Elizabeth Tilliman</b>	
19. INFORMANT ADDRESS <b>Mrs. Paul L. Santmyer-1803 Ellamont St.</b>			

18. <b>002X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Pulmonary tuberculosis</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <b>(B)</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
<b>(C)</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>inspection &amp; inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> <u>accident</u> <input type="checkbox"/> <u>suicide</u> <input type="checkbox"/> <u>homicide</u> <input type="checkbox"/> <u>undetermined</u> <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Dunlap</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED <b>Jan. 6, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/11/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>	
24D. LOCATION (City, town, or county) <b>Balto., Md.</b>		24E. FUNERAL DIRECTOR <b>Wm. J. Lickner &amp; Sons</b>		24F. ADDRESS <b>130 Balto Md. ✓</b>	
DATE RECEIVED BY <b>JAN 11 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		69050	



John F. Dickson, V. Gen.  
Katie Webb.

52 0284

CERTIFICATE CORRECTED 1-28-52

52 0284

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

G. DOUGLAS ANDREWS

2. DATE  
OF  
DEATH

Ja n. 9, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

The Ambassador Apts

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Consulting Engineer

10b. KIND OF BUSINESS OR INDUSTRY

Self employed

13. FATHER'S NAME

James W. Andrews

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

yes

(If yes, give war or dates of service)  
World War No. 116. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

1890  
Feb. 12, 18929. AGE (In years  
last birthday)

59 61

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Carmichael

17. INFORMANT

ADDRESS

Mrs. Alma R. Andrews-The Ambassador Apts.

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 6, 1952, to Jan 9, 1952, that I last saw the deceased alive on Jan 9, 1952, and that death occurred at 2 PM, from the causes and on the date stated above.

23a. SIGNATURE

Walter B. Buck

M. D.

23b. ADDRESS

18 E. Egan St

23c. DATE SIGNED

Jan 10, 1952

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

1/12/52

24c. NAME OF CEMETERY OR CREMATORY

St. Thomas Church Cem.

24d. LOCATION (City, town, or county)

Garrison Forest, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Lickness &amp; Sons

ADDRESS

VS 150

0498Y

Bdeto 17, Md 94a

HEARD TO 97307780

32  
52 0285BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 0285

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mr. William E. Seidewitz

2. DATE  
OF  
DEATH

1/9/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Bon Secours Hospital

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Purchasing Sgt. (rtd)

10B. KIND OF BUSINESS OR  
INDUSTRY

Hotel

13. FATHER'S NAME

Edwin A. Seidewitz

4. USUAL RESIDENCE (Where deceased lived, If institution: residence  
before admission)

A. STATE Md.

B. COUNTY  
Balto. CityC. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore, Maryland 14-01

D. STREET ADDRESS (If rural, give location)

1439 Mt. Royal Ave, Balto-Md.

5. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Purchasing Sgt. (rtd)

10B. KIND OF BUSINESS OR  
INDUSTRY

Hotel

13. FATHER'S NAME

Edwin A. Seidewitz

8. DATE OF BIRTH

6/8/1891

9. AGE (In years  
last birthday)

60

If Under 1 Year

Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Adele Wattenscheidt

17. INFORMANT

ADDRESS

Ave.

Mrs. Lillian S. Seidewitz-1439 Mt. Royal

18. 443X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## CAUSE OF DEATH

Cerebral Hemorrhage

(A)

DUE TO hypertensive Cardio

Vascular Disease

(B)

DUE TO Arteriosclerosis

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 4, 1952, to January 9, 1952, that I last saw the  
deceased alive on January 9, 1952, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Doris Magate

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

1/9/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/14/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 11 1952

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. J. Glick &amp; Sons

ADDRESS

1888

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 0286  
Registered No. \_\_\_\_\_

RTH NO. \_\_\_\_\_

NAME OF DECEASED (Type or Print) <i>Catherine Elizabeth Emge</i>			2. DATE OF DEATH <i>1/9/52</i>		
PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Baltimore</i>		
FULL NAME OF HOSPITAL OR INSTITUTION <i>Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Towson</i>		
Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1207 E Joppa Road 5200</i>		
SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Jul 15 / 1910</i>		9. AGE (In years, last birthday) <i>41</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Georges Colkuberg</i>			14. MOTHER'S MAIDEN NAME <i>Letitia Smith</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Unknown</i>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Fred Emge (Husband)</i>		ADDRESS <i>Same</i>

18. <i>330X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Rupture of aneurysm of cerebral artery</i>		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) <i>Rupture of aneurysm of cerebral artery</i> DUE TO		
(B) _____ DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____		
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Rheumatic heart disease</i>		

19A. DATE OF OPERATION <i>1/8/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Cerebral arteriogram with no positive findings</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 3</i> , 19 <i>52</i> , to <i>1/9/52</i> , that I last saw the deceased alive on <i>5:20 p.m.</i> , 19 <i>52</i> , and that death occurred at <i>5:20 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William A. Anderson</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>		23C. DATE SIGNED <i>1-9-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 12, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cemetery</i>	
				24D. LOCATION (City, town, or county) (State) <i>Parkville, Md.</i>	
DATE RECEIVED BY REGISTRAR <i>JAN 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>JOHN BURNS' SONS, Towson, Md.</i>	





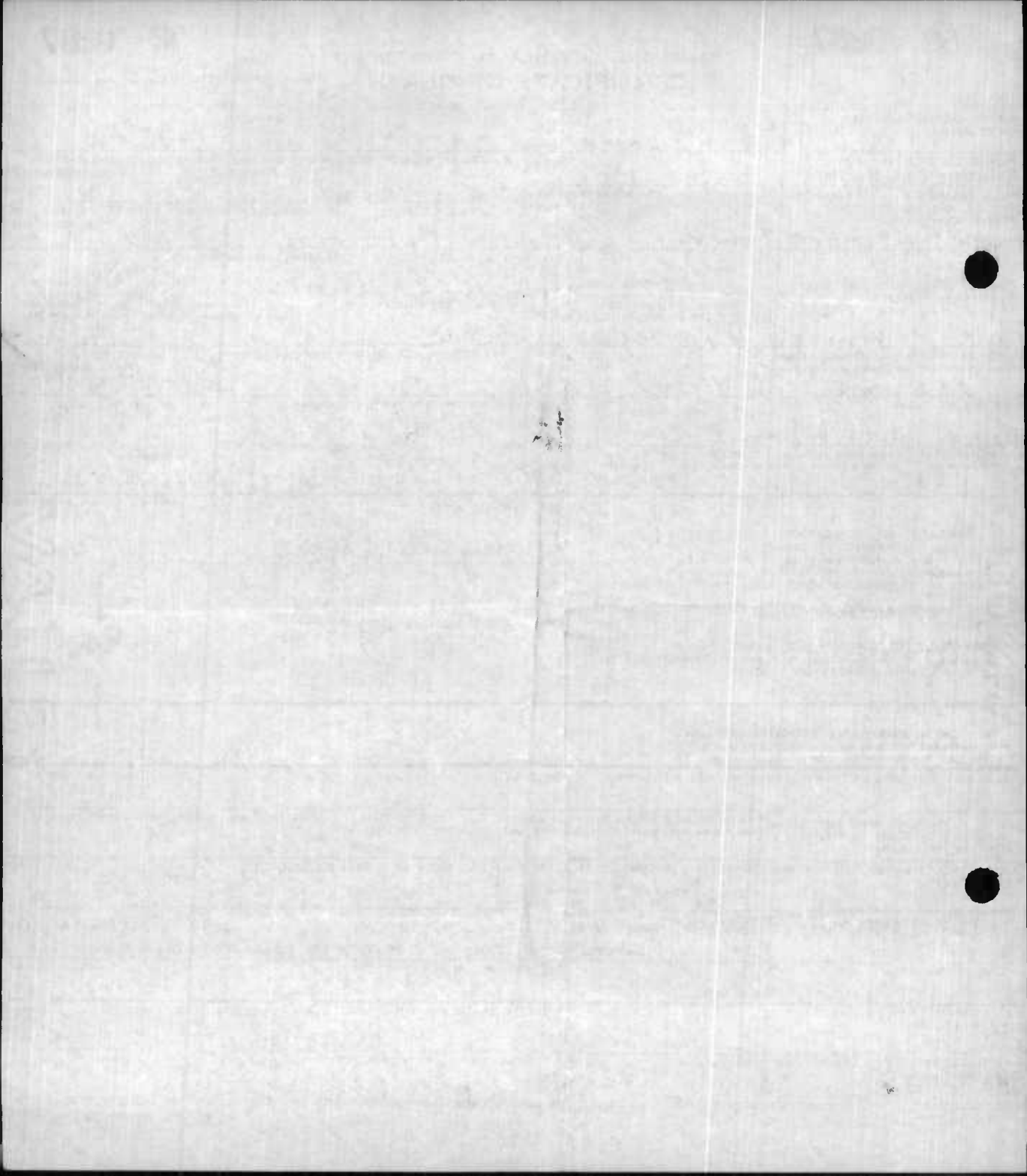
16 52 0287

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0287

Registered No.

RTH NO.		NAME OF DECEASED (Type or Print) <b>Asbury P. Ashburne</b>		2. DATE OF DEATH <b>1-9-52</b>	
PLACE OF DEATH: <b>Baltimore City, Maryland Balto., Md.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY			
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Baltimore General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 24-04</b>			
Length of stay in Baltimore <b>7 1/2 yrs</b>		D. STREET ADDRESS (If rural, give location) <b>1508 Henry St.</b>			
SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 9</b>	9. AGE (In years last birthday) <b>60</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pressman</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Fish Oil Products</b>		11. BIRTHPLACE (State or foreign country) <b>VA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		14. MOTHER'S MAIDEN NAME			
13. FATHER'S NAME <b>Bun Ashburne</b>		17. INFORMANT <b>Chel V. ASHBURNE</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>17-03-9374</b>		ADDRESS	
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b>		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO <b>Hypertension</b>			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <b>William Agawa</b>		23B. ADDRESS <b>1213 Light St.</b>		23C. DATE SIGNED <b>1-9-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1-9-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Eastern Ar. Mt.</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>6904R</b>		ADDRESS <b>3801 Light St.</b>	
DATE RECEIVED BY CLERK <b>JAN 11 1952</b>		REGISTRAR'S SIGNATURE <b>William Agawa</b>			



NAME OF DECEASED Type or Print)		WILLIAM H. RANSOM		2. DATE OF DEATH Jan. 9, 1952	
PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		A. STATE Maryland			
Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Let of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2418 Baker Street 15-03			
SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/17/1885		
9A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) Retired Soldier		10B. KIND OF BUSINESS OR INDUSTRY Military	9. AGE (In years last birthday) 66 70		11. BIRTHPLACE (State or foreign country) Charlottesville, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. MOTHER'S MAIDEN NAME Mira			
13. FATHER'S NAME Thomas Ransom		17. INFORMANT Laura Ransom-2418 Baker St.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes 1909-1934		16. SOCIAL SECURITY NO.		ADDRESS	

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive cardiovascular disease DUE TO CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE Stanley H. Durlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED Jan. 9, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/14/52		24C. NAME OF CEMETERY OR CREMATORY Balto. Nat'l. Cem.	
				24D. LOCATION (City, town, or county) (State) Balto. Md.	

DATE RECEIVED BY LOCAL REGISTRAR JAN 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Chas. E. Cooper-512 Carrollton Ave	
S 151		59591		937	

STATE OF NEW YORK

IN SENATE

JANUARY 22, 1958

REPORT OF THE COMMISSIONER OF THE DEPARTMENT OF SOCIAL SERVICES

IN RESPONSE TO RESOLUTION NO. 100, PASSED BY THE SENATE, MAY 14, 1957

ALBANY: THE UNIVERSITY OF THE STATE OF NEW YORK, 1958

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320  
0289BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0289

IRTH NO.

NAME OF DECEASED (Type or Print) <i>Clayberne Woods</i>		2. DATE OF DEATH <i>1-10-52</i>	
PLACE OF DEATH: Baltimore City, Maryland <i>City</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1304 Slater Road</i>		C. CITY OR TOWN (If outside corporate limits, write R.R. 1, and give township) <i>Baltimore</i>	
Length of stay in Baltimore <i>30 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1505 Edmonston Ave.</i>	
SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Oct. 12, 1914</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pool Spotter</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) <i>37 yrs</i>
3. FATHER'S NAME <i>Will ? (M)</i>		11. BIRTHPLACE (State or foreign country) <i>Georgia</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>2 17-01-3426</i>	14. MOTHER'S MAIDEN NAME <i>Leona Powell</i>
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonic Pthisis</i>		17. INFORMANT <i>Leona Powell</i>	
DUE TO		ADDRESS <i>1304 Slater Rd</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Bilateral Koch's Infection ?</i>		INTERVAL BETWEEN ONSET AND DEATH <i>17 days</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 6, 1952</i> to <i>Jan. 10, 1952</i> that I last saw the deceased alive on <i>Jan. 10, 1952</i> , and that death occurred at <i>10:25 P.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Henry B. Luck</i>		23B. ADDRESS <i>427 Swale Ave</i>	23C. DATE SIGNED <i>1-10-52</i>
24A. BURIAL / CREMATION / REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>1/14/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus</i>	24D. LOCATION (City, town, or county) (State) <i>Arbutus, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 11 1952</i>	REGISTRAR'S SIGNATURE <i>Wm. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Geo. H. Nelson</i>	ADDRESS <i>1303 Preakness St.</i>

WALTER

CONFESS

BOND

200  
0290BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0290

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. PLACE OF DEATH:  
A. Baltimore City, Maryland3. FULL NAME OF  
(If not in hospital or institution, give street address of location)  
JOHNS HOPKINS HOSPITAL

4. Length of stay in Baltimore

5. SEX  
Female6. COLOR OF RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
single8A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
Candy Packer8B. KIND OF BUSINESS OR  
INDUSTRY  
Voneiff Drayer Co.9. FATHER'S NAME  
Voneiff10. MOTHER'S MAIDEN NAME  
Barbara Pursat11. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)  
no12. SOCIAL  
SECURITY NO.13. INFORMANT  
JOHNS HOPKINS HOSPITAL

14. 331X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

15A. DATE OF OPERATION

15B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
INJURY

22E. INJURY OCCURRED

22F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9-1952 to 1-9-1952, that I last saw the  
deceased alive on 1-9-1952 and that death occurred at 4:55 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 11 1952

T. Williams

Schimunek Funeral Home, Inc.  
2601-3-5 E. Madison St.

VS 150

690 45-0289

96



STATE OF NEW YORK  
CERTIFICATE OF DEATH

1. Name of deceased: *John Doe*  
2. Date of death: *Jan 1, 1900*  
3. Place of death: *New York City*  
4. Cause of death: *Heart Disease*  
5. Age at death: *45*  
6. Sex: *Male*  
7. Occupation: *Teacher*  
8. Marital status: *Married*  
9. Name of spouse: *Jane Doe*  
10. Name of informant: *John Doe*  
11. Signature of informant: *[Signature]*  
12. Date of certificate: *Jan 1, 1900*

30 0291

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0291

BIRTH NO.

1. NAME OF DECEASED  
Type or Print) BENJAMIN John HARROD

2. DATE OF DEATH 1-4-52

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland  
B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION Baltimore City Hospital

6. CITY OR TOWN (If outside corporate limits, write FULL and give township)  
Baltimore

7. STREET ADDRESS (If rural, give location)  
780 W. Mulberry Street

8. SEX male

9. COLOR OR RACE colored

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow

11. DATE OF BIRTH May 10, 1876

12. AGE (in years last birthday) 75

13. MONTHS Days

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country) Balto. Md.

17. CITIZEN OF WHAT COUNTRY? U S A

18. FATHER'S NAME Benjamin Harrod

19. MOTHER'S MAIDEN NAME Rebecca LYNN

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No

21. SOCIAL SECURITY NO.

22. INFORMANT ADDRESS 780 W. Mulberry St.

23. CAUSE OF DEATH  
18. E900.0 I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
(A) Compression fracture of lumbar vertebra  
-DUE TO  
ANTECEDENT CAUSES  
(B) Focal pneumonia  
DUE TO  
(C)  
II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

24. DATE OF OPERATION 1-11-1952

25. MAJOR FINDINGS OF OPERATION

26. AUTOPSY?  
YES ☐ NO ☒

27. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home

29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 780 W. Mulberry Street 17/3

30. TIME (Month) (Day) (Year) (Hour) Jan. 29, 1951

31. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

32. HOW DID INJURY OCCUR? Slipped & fell down steps

33. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

34. SIGNATURE Stanley H. Dunsen

35. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR

36. DATE SIGNED Jan. 7, 1952

37. BURIAL, CREMATION, REMOVAL (Specify) Burial

38. DATE 1-11-1952

39. NAME OF CEMETERY OR CREMATORY Arbutus Memorial

40. LOCATION (City, town, or county) Arbutus Md.

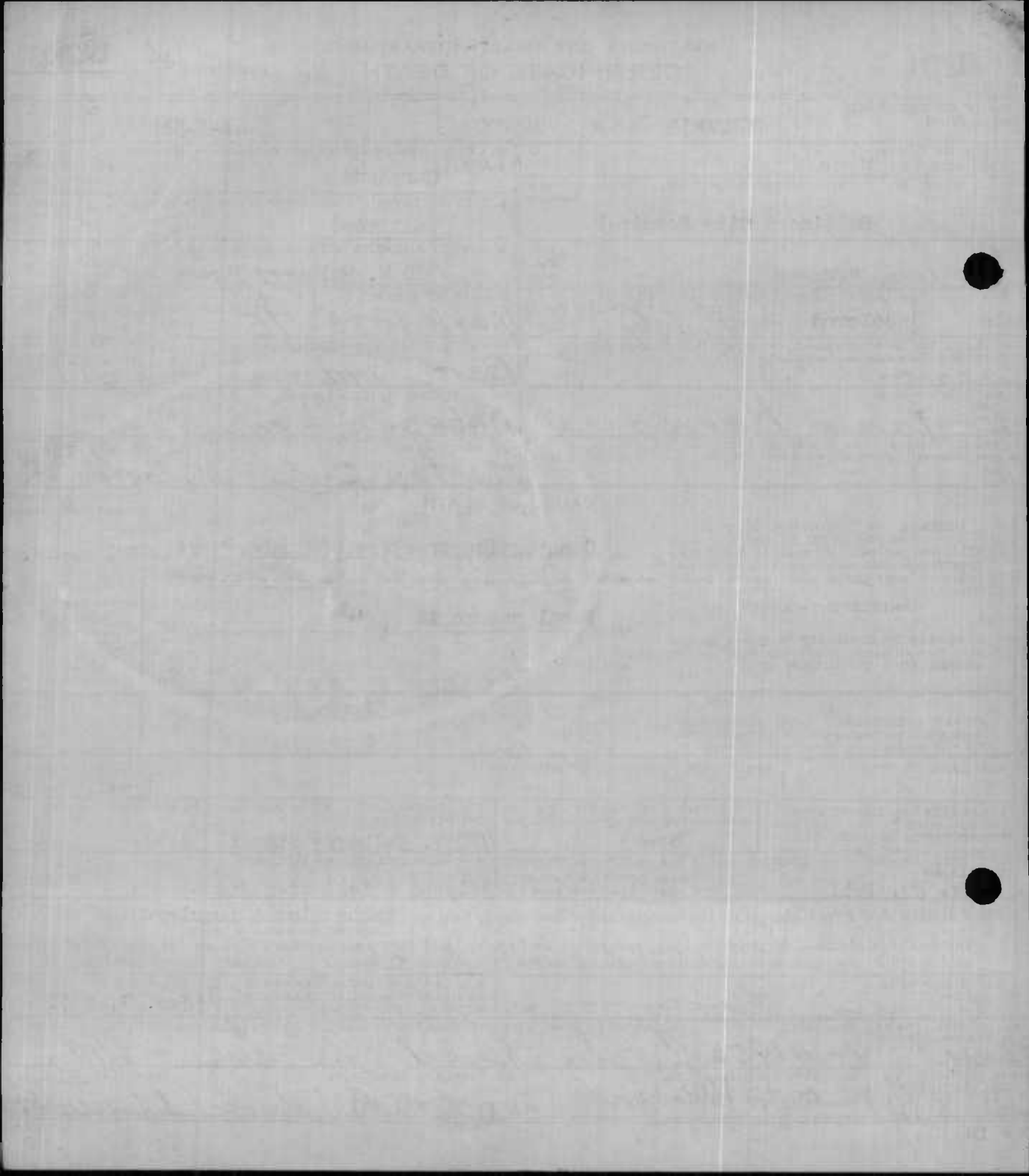
41. DATE RECEIVED BY LOCAL REGISTRAR JAN 11 1952

42. REGISTRAR'S SIGNATURE

43. FUNERAL DIRECTOR Mrs. Kate Williams

44. ADDRESS 322 N. Schroeder St. 186a

VS 151 N-855.9



520  
0292BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0292

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MINNIE DAHMS		1-10-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore 50 yrs.		D. STREET ADDRESS (If rural, give location) 3701 Hudson Street - 24	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Aug. 10, 1884
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		12. AGE (In years last birthday) 68	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		18. INFORMANT M. Paul Dahms	
19. DATE OF OPERATION 12-17-51		20. MAJOR FINDINGS OF OPERATION Arteriosclerotic gangrene - left leg	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11-26-1951, to 1-10-1952 that I last saw the deceased alive on 1-10-1952, and that death occurred at 4:30a.m., from the causes and on the date stated above.			
23A. SIGNATURE A. A. Celecco		23B. ADDRESS 1400 N. Caroline Street - 13	
23C. DATE SIGNED 1-10-52		24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24A. DATE JAN. 12, 52		24B. NAME OF CEMETERY OR CREMATORY OAK LAWN	
24C. LOCATION (City, town, or county) BALTO MD.		24D. DATE RECEIVED BY LOCAL REGISTRAR JAN 11 1952	
24E. REGISTRAR'S SIGNATURE W. H. Williams, Jr.		24F. FUNERAL DIRECTOR Paul Hermann	
24G. ADDRESS 6067 Halford		24H. VS 150	

935 Rd.



425

0293

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0293

1. NAME OF DECEASED (Type or Print) <b>WILLIAM EDWARD NEILSON</b>		2. DATE OF DEATH <b>JAN 10, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Union Memorial Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 14, 27-02</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2705 Montebello Terrace</b>	
7. SEX <b>male</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	10. DATE OF BIRTH <b>Feb 3, 1878</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Freight agent</b>		12. AGE (In years last birthday) <b>73</b>	
13. FATHER'S NAME <b>EDWARD McLEAN NEILSON</b>		14. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>unknown</b>		16. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>MARY BOYER</b>	
19. INFORMANT ADDRESS <b>Union Memorial Hospital record.</b>			

18. <b>420.0 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <b>Acute myocardial infarction</b>		DUE TO		<b>12 hrs.</b>	
ANTECEDENT CAUSES		(B) <b>Cornary thrombosis</b>		<b>12 hrs.</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		<b>7 years</b>	
(C) <b>arteriosclerotic heart disease</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>obesity</b>			

19A. DATE OF OPERATION <b>Jan 8, 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Benign prostatic hypertrophy</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 25, 1951</b> , to <b>Jan 10, 1952</b> , that I last saw the deceased alive on <b>Jan 10, 1952</b> , and that death occurred at <b>2:00 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Alfred Nelson</b>		23B. ADDRESS <b>Baltimore 18 Maryland</b>		23C. DATE SIGNED <b>Jan 10, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-14-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>	
24D. LOCATION (City, town, or county) <b>Bald Md</b>		24E. (State) <b>Md</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 11 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. Williams</b>		25. FUNERAL DIRECTOR <b>L. J. Luck</b>	
VS 150		3805		5305 Harford	
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0294BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0294  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Amanda M. EMGE</i>		2. DATE OF DEATH <i>1. 11. 52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Baltimore</i> B. COUNTY <i>Harford</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1757 E Joppa Road 5300</i>	
7. SEX <i>Female</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W.</i>	10. DATE OF BIRTH <i>Aug. 31 - 1871</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At home</i>		12. AGE (In years, last birthday) <i>80</i>	
13. FATHER'S NAME <i>August Francis</i>		14. BIRTHPLACE (State or foreign country) <i>Id.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <i>Elizabeth Blakely</i>	
19. INFORMANT <i>Mrs. Gertrude Francis Pame</i>		ADDRESS	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>422. L I</i> (A) <i>Cardiac decompensation</i> DUE TO (B) <i>generalized arteriosclerosis</i> DUE TO (C) <i>Pulmonary emphysema</i>			
INTERVAL BETWEEN ONSET AND DEATH			
20. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION <i>0</i>		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
24. ACCIDENT, SUICIDE, HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?			
30. I hereby certify that I attended the deceased from <i>1. 7</i> , 1952 to <i>1. 11</i> , 1952 that I last saw the deceased alive on <i>1. 11</i> , 1952, and that death occurred at <i>4 a</i> m., from the causes and on the date stated above.			
31. SIGNATURE <i>E. E. [Signature]</i>		32. ADDRESS <i>Maryland General Hospital</i>	
33. DATE SIGNED <i>1. 11. 52</i>			
34. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		35. DATE <i>1-15-52</i>	
36. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>		37. LOCATION (City, town, or county) (State) <i>Balt Md</i>	
38. DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 11 1952</i>		39. REGISTRAR'S SIGNATURE <i>Frederick Williams</i>	
40. FUNERAL DIRECTOR <i>L. J. [Signature]</i>		41. ADDRESS <i>5305 Harford Rd</i>	

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RECEIVED BY THE POST OFFICE

POSTED TO THE POST OFFICE

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52 0295

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0295  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
John M. O'Neill		Jan. 10-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
2707 Gibbons Ave		Baltimore 27-06	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
		2707 Gibbons Ave	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
male	white	married	Aug 1-1886
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)
65		Investment Broker	Balto Md
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
Investment Broker			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Richard J. O'Neill		Katherine Conley	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT
Yes, no or unknown		216-07-7754	Mrs. Sarah O'Neill
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
163X I		Malignancy Blung	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
		1 1/2 yrs	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Cardiac Fibrillation & Coronary Disease	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
21E. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1947 to Jan 10, 1952, that I last saw the deceased alive on Jan 9, 1952, and that death occurred at 11 A. m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
Thomas J. Bruneau M. O.		5217 Harford Rd	
23C. DATE SIGNED		1-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		1-14-52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
New Cathedral		Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
JAN 11 1952		L. J. Ruck	
25. FUNERAL DIRECTOR		ADDRESS	
		5305 Harford Rd	

MEDICAL CERTIFICATION

1952020274

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Dr. Brennan  
SMT

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0296  
Registered No.

1. NAME OF DECEASED (Type or Print)		Henry White		2. DATE OF DEATH 1-10-52	
3. PLACE OF DEATH: Baltimore City, Maryland		Sinci Hospital.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinci Hospital.		6. LENGTH OF stay in Baltimore Life		7. Yrs. Mos. Days	
8. SEX M.		9. COLOR OR RACE White.		10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married.	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		12. KIND OF BUSINESS OR INDUSTRY Bethlehem Steel		13. DATE OF BIRTH 12-16-02	
14. FATHER'S NAME George White		15. MOTHER'S MAIDEN NAME Barbara Schiffer		16. AGE (in years last birthday) 49.	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		18. SOCIAL SECURITY NO.		19. BIRTHPLACE (State or foreign country) Balto	
20. INFORMANT Dorothy White		21. ADDRESS same address		22. CITIZEN OF WHAT COUNTRY? USA	
23. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Interval Between Onset and Death A. Pneumonia B. of Bladder C. Pericarditis					
19A. DATE OF OPERATION 12-26-51		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-26-51 to 1-10-52, that I last saw the deceased alive on 1-10-52, and that death occurred at 2:20 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Dr. M. A. A. A.		23B. ADDRESS Sinci Hospital		23C. DATE SIGNED 1-12-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-15-52		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	
24D. LOCATION (City, town, or county) Balto - Md		24E. REGISTRAR'S SIGNATURE Huntington Williams		24F. FUNERAL DIRECTOR Lolly & Gilem ch - 403 S. Wolfe	
24G. DATE RECEIVED BY LOCAL REGISTRAR JAN 11 1952		24H. VS 150		24I. 762 3U	
24J. 520 St					

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RTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0297

NAME OF DECEASED (Type or Print)		Edward Rohda		2. DATE OF DEATH 1-10-52	
PLACE OF DEATH: Baltimore City, Maryland		Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 408 S. Lehigh Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.		26-07	
Length of stay in Baltimore Life		Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 408 S. Lehigh Street	
SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7/8/15/1881	9. AGE (In years last birthday) 70	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10B. KIND OF BUSINESS OR INDUSTRY Produce - self		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U S A		13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Frances J. Higdon - Glen Burnie Md.	
18. 181X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Inoperable Carcinoma of Bladder DUE TO Invasive Hematuria (B) Chronic Nephritis DUE TO Myocardial Insufficiency (C)		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 15, 1951, to Jan. 10, 1952, that I last saw the deceased alive on Jan. 9, 1952, and that death occurred at 2:30 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Chas. J. Lukowski		23B. ADDRESS M. D. 2579 Eastern Ave.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-12-52		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Lilly & Weider Inc.		24F. ADDRESS 403 S. Wolfe Stree	
DATE RECEIVED BY LOCAL REGISTRAR JAN 11 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Lilly & Weider Inc. 403 S. Wolfe Stree	



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0298

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **52** **0298**

1. NAME OF DECEASED (Type or Print) <b>Hall, Annie McC.</b>		2. DATE OF DEATH <b>1/11/52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>6-05</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Church Home &amp; Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Church Home &amp; Hospital</b>	
6. DURATION OF stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>Bkld 31 MD</b>	
7. SEX <b>F</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>Nov. 17, 1868</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister of Home</b>		12. AGE (In years last birthday) <b>83</b>	
13. FATHER'S NAME <b>Hall, Augustus</b>		14. BIRTHPLACE (State or foreign country) <b>MD.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>Cheston, Mary</b>	
19. INFORMANT <b>Miss Sally Hall</b>		20. ADDRESS <b>44-20. Kottman P.O.</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerosis Genual 20yr</b>		INTERVAL BETWEEN ONSET AND DEATH	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Coronary occlusion 1 day</b>		CERTIFICATION APPROVED BY <b>Frederick R. Dep.</b>	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CHIEF OR ASST. MEDICAL EXAMINER.	
21A. DATE OF OPERATION	21B. MAJOR FINDINGS OF OPERATION	22. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
23A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	23B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>C. Home</b>	23C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Church Home Hosp. 615</b>	
24A. TIME (Month) (Day) (Year) (Hour) <b>Jan 13/52</b>	24B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	24C. HOW DID INJURY OCCUR? <b>fell off chair</b>	
25. I hereby certify that I attended the deceased from <b>1/8/52</b> 19__, to <b>1/11/52</b> 19__, that I last saw the deceased alive on <b>1/11/52</b> 19__ and that death occurred at <b>8:00</b> Am., from the causes and on the date stated above.			
26A. SIGNATURE <b>J. A. Hershgluty</b>	26B. ADDRESS <b>Church Home &amp; Hospital</b>	26C. DATE SIGNED <b>1/11/52</b>	
27A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	27B. DATE <b>Jan 13/52</b>	27C. NAME OF CEMETERY OR CREMATORY <b>Christ Church</b>	27D. LOCATION (City, town, or county) (State) <b>Chesapeake Vic</b>
28. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 12 1952</b>		29. REGISTRAR'S SIGNATURE <b>Huntington Williams, MD</b>	
30. FUNERAL DIRECTOR <b>J. A. Hershgluty &amp; Son</b>		31. ADDRESS <b>Galesville Md</b>	

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RECEIVED 10/10/1963

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10/10/1963



245  
0299BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATHRegistered No. **52 0299**  
J2N

IRTH NO.

NAME OF DECEASED (Type or Print) <b>Elizabeth Curzon McLane</b>		2. DATE OF DEATH <b>Dec 11 1952</b>	
PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Warrington Apts 3908 N Charles St</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore 12-01</b>	
D. STREET ADDRESS (If rural, give location) <b>Warrington Apts 3908 N Charles St</b>		8. DATE OF BIRTH <b>Feb 19 1886</b>	
6. COLOR OR RACE <b>N</b>		9. AGE (in years last birthday) <b>95</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
11. BIRTHPLACE (State or foreign country) <b>San Francisco Calif</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Louis McLane</b>		14. MOTHER'S MAIDEN NAME <b>Sophia Latimer Hoffmann</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>W. K. Fisher Jr.</b>		ADDRESS <b>Garrison Md</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO <b>Anterior - Sclerotic</b> DUE TO <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>Gradual</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Aug 1943</b> to <b>Jan 14, 1952</b> that I last saw the deceased alive on <b>1-11</b> , 1952, and that death occurred at <b>7:45</b> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <b>W. K. Fisher Jr.</b>		23B. ADDRESS <b>1403 Park Ave</b>	
23C. DATE SIGNED <b>1-12-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 14 1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Green Mount</b>		24D. LOCATION (City, town, or county) (State) <b>Balto Md.</b>	
25. FUNERAL DIRECTOR <b>W. K. Fisher Jr.</b>		ADDRESS <b>4905 York Rd</b>	
DATE RECEIVED BY <b>JAN 12 1952</b>		REGISTRAR'S SIGNATURE <b>W. K. Fisher Jr.</b>	

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1403 Park Ave

32  
0300BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0300

IRTH NO.

NAME OF DECEASED  
(Type or Print)

Hardesty, Bessie G.

2. DATE  
OF  
DEATH

Jan. 11, 1952

PLACE OF DEATH:  
Baltimore City, Maryland

yes

FULL NAME OF (If not in hospital or institution, give street address or  
OSPITAL OR location)  
STITUTION

Home for Incubable

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

1307

D. STREET ADDRESS (If rural, give location)

700 W. 40th St.

Length of stay in Baltimore

Five

Yrs.  
Mos.  
Days

SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 30, 1880

9. AGE (In years  
last birthday)

71

If Under 1 Year  
Months Days

4

11

If Under 24 Hours  
Hours Min10A. USUAL OCCUPATION (Give kind of  
done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wm. V. Cook

14. MOTHER'S MAIDEN NAME

Annie E. Martin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

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16. SOCIAL  
SECURITY NO.

--

17. INFORMANT

ADDRESS

M. F. Owens Home for Incubable

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(A)

(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

DUE TO

Carcinoma of the sigmoid colon

INTERVAL BETWEEN  
ONSET AND DEATH

17 months

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

Hypertension (Essential)

5 yrs.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Left Hemiplegia

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1949, to Jan. 11, 1952, that I last saw the  
deceased alive on Jan. 10, 1952, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. J. Grafton

23B. ADDRESS

214 Medical Arts Bldg.

23C. DATE SIGNED

1/11/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1/11/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Grafton

25. FUNERAL DIRECTOR

ADDRESS

26 M. J. Schener &amp; Sons - Balto., Md.

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141  
2 0301BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0301  
Registered No.

NAME OF DECEASED (Type or Print) <b>MARGUERITE ANNA DEVILBISS</b>		2. DATE OF DEATH <b>January 10, 1952</b>	
PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>BALTIMORE</b>	
FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>3816 Ridgewood Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
Length of stay in Baltimore <b>53</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3816 Ridgewood Avenue, -15-</b>	
SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>February 13, 1898</b>
A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) <b>Clerk</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Oil</b>	9. AGE (In years last birthday) <b>53</b>
FATHER'S NAME <b>Fredrick R. Buck</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
WAS DECEASED EVER IN U. S. ARMED FORCES? <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
16. SOCIAL SECURITY NO. <b>214-12-4700</b>		14. MOTHER'S MAIDEN NAME <b>Ida Martha Kandler</b>	
18. <b>550.0</b>		15. INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b>		CAUSE OF DEATH <b>Cerebral Hemorrhage</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive cardiovascular disease 10 yrs</b>		(B) <b>Hypertensive cardiovascular disease 10 yrs</b>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)	
19A. DATE OF OPERATION <b>December 19, 1951</b>		19B. MAJOR FINDINGS OF OPERATION <b>Acute Appendicitis, Cystic Ovary</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Neither</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. TIME (Month) (Day) (Year) (Hour) OF INJURY		21D. WHERE DID INJURY OCCUR? <b>(In Baltimore City, give exact location)</b>	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Nov. 25, 1949</b> to <b>Jan 10, 1952</b> , that I last saw the deceased alive on <b>Jan 10, 1952</b> and that death occurred at <b>11:50 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>William T. Trabad</b>		23B. ADDRESS <b>3400 Woodbine Ave. Balt. 7, Md.</b>	
23C. DATE SIGNED <b>1/10/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/14/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Pleasant Valley Cem.</b>		24D. LOCATION (City, town, or county) (State) <b>Carroll Co., Md.</b>	
25. FUNERAL DIRECTOR <b>Thos. J. Dickener &amp; Sons</b>		ADDRESS <b>121 Balt. 17, Md</b>	

JAN 12 1952  
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May 10 1912

310 Kingwood Avenue

Washington D.C.

May 10 1912

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May 10 1912

163  
2 0302BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0302

1. NAME OF DECEASED (Type or Print) FLOYD <i>Burns</i> ROBERTSON			2. DATE OF DEATH Jan. 7, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore 11 years			D. STREET ADDRESS (If rural, give location) 214 E. Pratt Street		
7. SEX Male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH Dec 14 - 1902	11. AGE (In years last birthday) 49	12. MONTHS: Days: Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Railway Express Pkg Freight			14. BIRTHPLACE (State or foreign country) Washington Co. Penn.		
15. FATHER'S NAME Unknown			16. CITIZEN OF WHAT COUNTRY? U.S.A.		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No			18. SOCIAL SECURITY NO. 187-01-9433		
19. MOTHER'S MAIDEN NAME (Mc Cullow)			20. INFORMANT ADDRESS		

18. 322.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute and chronic alcoholism CAUSE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Dureacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 7, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Jan - 12 - 52		24C. NAME OF CEMETERY OR CREMATORY St - Peter	
24D. LOCATION (City, town, or county) Baltimore - Md		25. FUNERAL DIRECTOR G. B. Holcomb Funeral Home		ADDRESS 38058 403 E. 25th St Baltimore - 18 Md	
26. DATE RECEIVED BY LOCAL REGISTRAR JAN 12 1952		27. REGISTRAR'S SIGNATURE [Signature]		28. [Signature]	

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RECEIVED 10 OCT 1964

32 000



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52 0303

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0303

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Anna Engelhardt		Jan. 9, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland 906 E. Biddle St		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) None		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. LENGTH OF stay in Baltimore Yrs. Mos. Days		8. STREET ADDRESS (If rural, give location) 906 E. Biddle St	
9. SEX Female	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	12. DATE OF BIRTH Feb. 12, 1862
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		14. AGE (In years last birthday) 89	
15. FATHER'S NAME John Engelhardt		16. CITIZEN OF WHAT COUNTRY? U S	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. FATHER'S NAME John Engelhardt		20. MOTHER'S MAIDEN NAME Anna Yeakel	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		22. SOCIAL SECURITY NO.	
23. FATHER'S NAME John Engelhardt		24. MOTHER'S MAIDEN NAME Anna Yeakel	
25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Broncho-pneumonia Arteriosclerotic Cardio-vascular disease (B) _____ (C) _____		26. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
27. DATE OF OPERATION		28. MAJOR FINDINGS OF OPERATION	
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
31. WHERE DID INJURY OCCUR?		32. HOW DID INJURY OCCUR?	
33. TIME (Month) (Day) (Year) (Hour) OF INJURY		34. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
35. I hereby certify that I attended the deceased from Dec 20, 1951, to Jan. 9, 1952, that I last saw the deceased alive on Jan. 8, 1952, and that death occurred at 9:50 P. M., from the causes and on the date stated above.			
36. SIGNATURE Lloyd E. Saylor		37. ADDRESS 3902 Greenmount Ave.	
38. DATE SIGNED Jan. 11, 1952		39. DATE SIGNED	
40. BURIAL, CREMATION, REMOVAL (Specify) Burial		41. DATE Jan 14, 1952	
42. NAME OF CEMETERY OR CREMATORY Holy Redeemer		43. LOCATION (City, town, or county) (State) Baltimore	
44. DATE RECEIVED BY LOCAL REGISTRAR Jan 12 1952		45. REGISTRAR'S SIGNATURE Rita W. Odeh	
46. FUNERAL DIRECTOR Rita W. Odeh		47. ADDRESS 906 E. Biddle St	

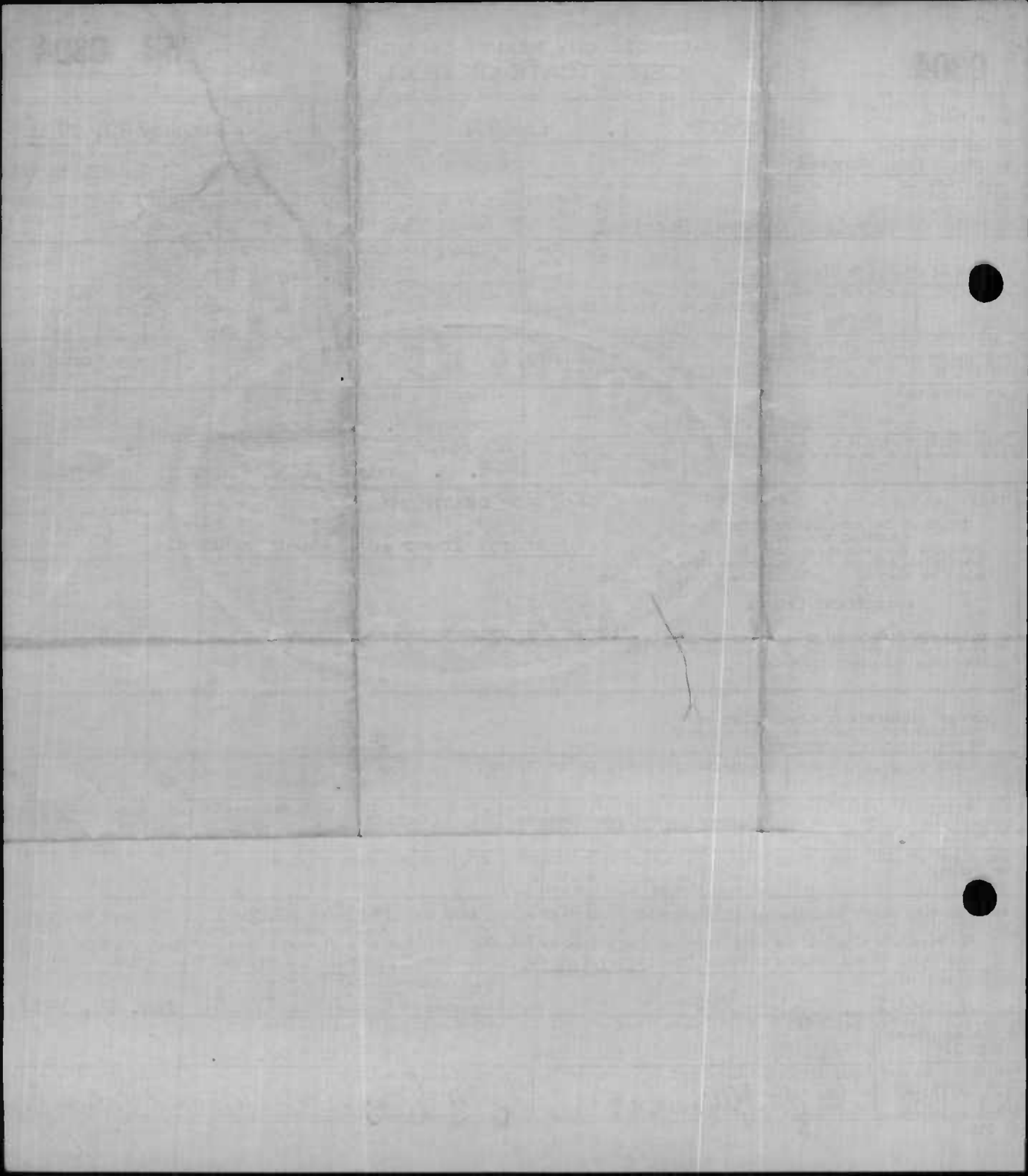
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2 0305BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0305

1. NAME OF DECEASED (Type or Print) <i>William F. Hiltz</i>			2. DATE OF DEATH <i>Jan. 10, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3421 Glen Ore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>3421 Glen Ore</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-19</i>		
6. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>3421 Glen Ore Ave</i>		
7. SEX <i>Male</i>	8. COLOR OR RACE <i>White</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	10. DATE OF BIRTH <i>March 5, 1864</i>		11. AGE (In years last birthday) <i>87</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Contractor</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Printing &amp; Decorating</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Phillip R. Hiltz</i>			14. MOTHER'S MAIDEN NAME <i>Christina Stett</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Elsa H. Behm</i>
					ADDRESS <i>3421 Glen Ore</i>

18. <i>610 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Uremic Poison</i> DUE TO (B) <i>Arterial Sclerosis</i> DUE TO (C) <i>Prostate Gland Enlargement</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 10, 1952</i> , to <i>Jan 10, 1952</i> , that I last saw the deceased alive on <i>Jan 10, 1952</i> , and that death occurred at <i>5:00</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Samuel J. Tucker</i>		23B. ADDRESS <i>M.D.</i>		23C. DATE SIGNED <i>1-10-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan 14, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	
				24D. LOCATION (City, town, or county) (State) <i>Baltimore Maryland</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 12 1952</i>		REGISTRAR'S SIGNATURE <i>William F. Hiltz</i>		25. FUNERAL DIRECTOR <i>Samuel Byers</i>	
				ADDRESS <i>5005 Platteau Ave</i>	

UNITED STATES OF AMERICA

James M. McCon  
Private Secretary  
James M. McCon

James M. McCon  
Private Secretary  
James M. McCon

520  
-0306

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52-0306

1. NAME OF DECEASED (Type or Print) <b>MILBURN JONES</b>		2. DATE OF DEATH <b>1-8-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>16-01</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>PROVIDENT HOSP. &amp; FREE DISPENSARY</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>639 SCHROEDER N.</b>	
7. SEX <b>MALE</b>	8. COLOR OR RACE <b>NEGRO</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	10. DATE OF BIRTH <b>Dec-12-1893</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		12. AGE (in years last birthday) <b>58</b>	
13. FATHER'S NAME <b>Edward Jones</b>		14. MOTHER'S MAIDEN NAME <b>Eliza Johnson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>UNKNOWN</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>SISTER</b>		ADDRESS <b>BALT. MD</b>	

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Chronic Congestive</b> <b>HEART FAILURE</b>		19. CAUSE OF DEATH (A) <b>Chronic Congestive</b> <b>HEART FAILURE</b> (B) <b>Arteriosclerotic Ht. Disease</b> (C) <b>Speculatus Ulcers</b>	20. INTERVAL BETWEEN ONSET AND DEATH <b>13 days</b> <b>40+ yrs.</b> <b>?</b>
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>Q. INJURY</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

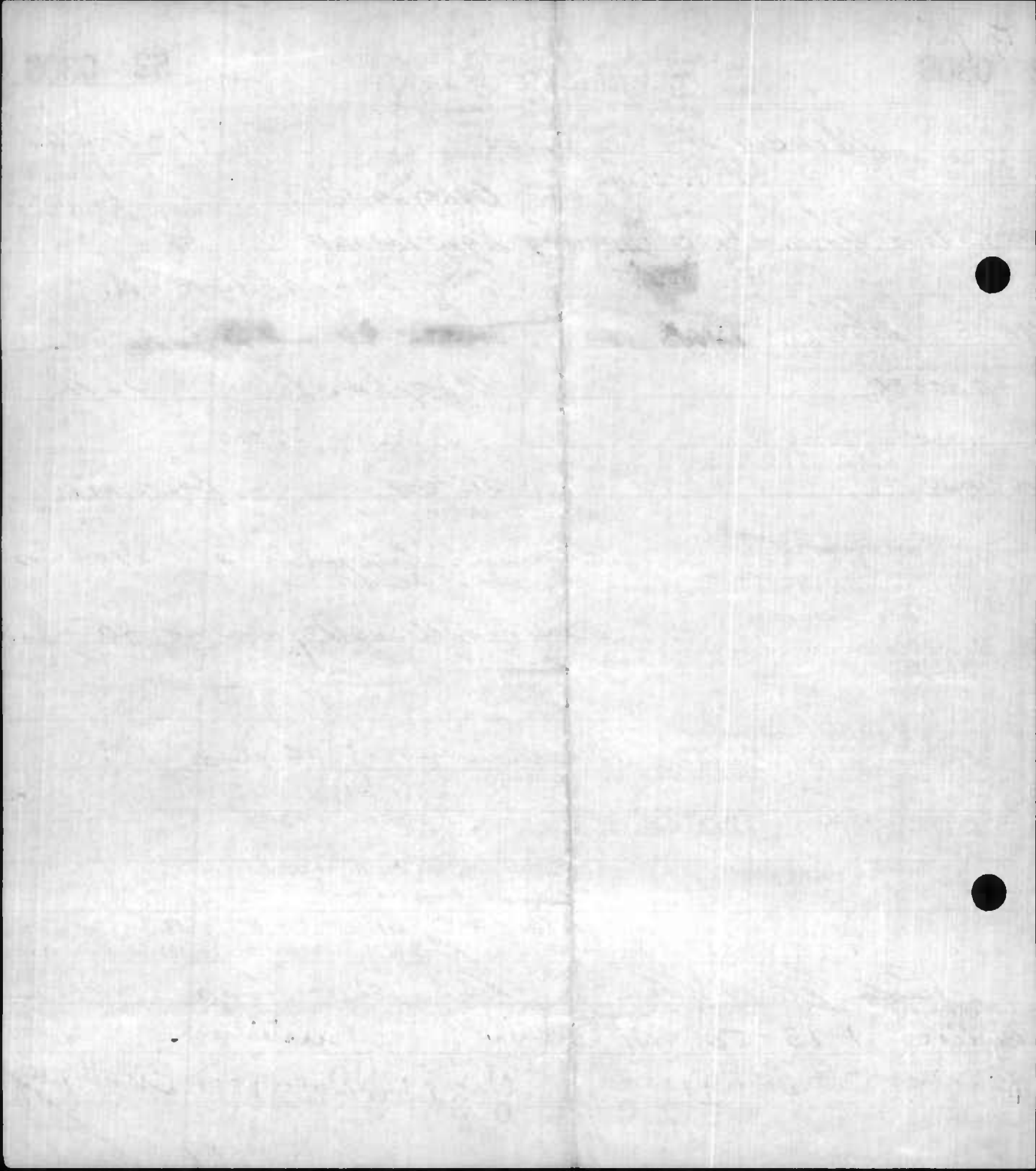
22. I hereby certify that I attended the deceased from **12-25-1951**, to **1-8-1952**, that I last saw the deceased alive on **1-8-1952**, and that death occurred at **8:00** m., from the causes and on the date stated above.

23A. SIGNATURE <b>Frederick A. Reed</b> M. D.		23B. ADDRESS <b>Provident Hosp</b>		23C. DATE SIGNED <b>1-8-52</b>	
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-13-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>mt arburn</b>		24D. LOCATION (City, town, or county) (State) <b>Baltimore</b>	
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DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 12 1952</b>		REGISTRAR'S SIGNATURE <b>Harry J. Williams, Jr.</b>		25. FUNERAL DIRECTOR <b>Chas. O. Wilson, 1001 Brantly W</b>		ADDRESS	
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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 0307**

**514**  
**0307**

1. NAME OF DECEASED (Type or Print) <b>LILLIAN TEMPLE</b>		2. DATE OF DEATH <b>January 9, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>Franklin Square Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore <b>Life</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>142 Landwehr Lane</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April-15-1882</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Helper</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Factory</b>	9. AGE (In years last birthday) <b>69</b> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME <b>Andrew J. Temple</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. SOCIAL SECURITY NO. <b>215-079-661</b>		14. MOTHER'S MAIDEN NAME <b>Jennie E. Foster</b>	
17. INFORMANT <b>Wilbur L. Temple</b>		ADDRESS <b>2716 W. Fairmount Ave</b>	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Wippert</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED <b>Jan. 10, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Jan. 12-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet Cemetery</b>
24D. LOCATION (City, town, or county) <b>Baltimore Maryland</b>		25. FUNERAL DIRECTOR <i>F.B. Wippert &amp; Son</i> <b>F.B. WIPPERT &amp; SON 1300 EUTAW PL. 17</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 12 1952</b>		
REGISTRAR'S SIGNATURE <i>William Wippert</i>		





BIRTH NO.

NAME OF DECEASED  
(Type or Print)

PLACE OF DEATH: - / -  
Baltimore City, Maryland

1. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Church Home & Hospital

c. Length of stay in Baltimore

5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>
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6A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

3. FATHER'S NAME

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

18. 490X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

### ANTECEDENT CAUSES

**DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.**

**OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION

## 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-51, 1951, to 11/1/52, 1952, that I last saw the deceased alive on 11/1/52, 1952, and that death occurred at 9:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23c. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
Burial

24b. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

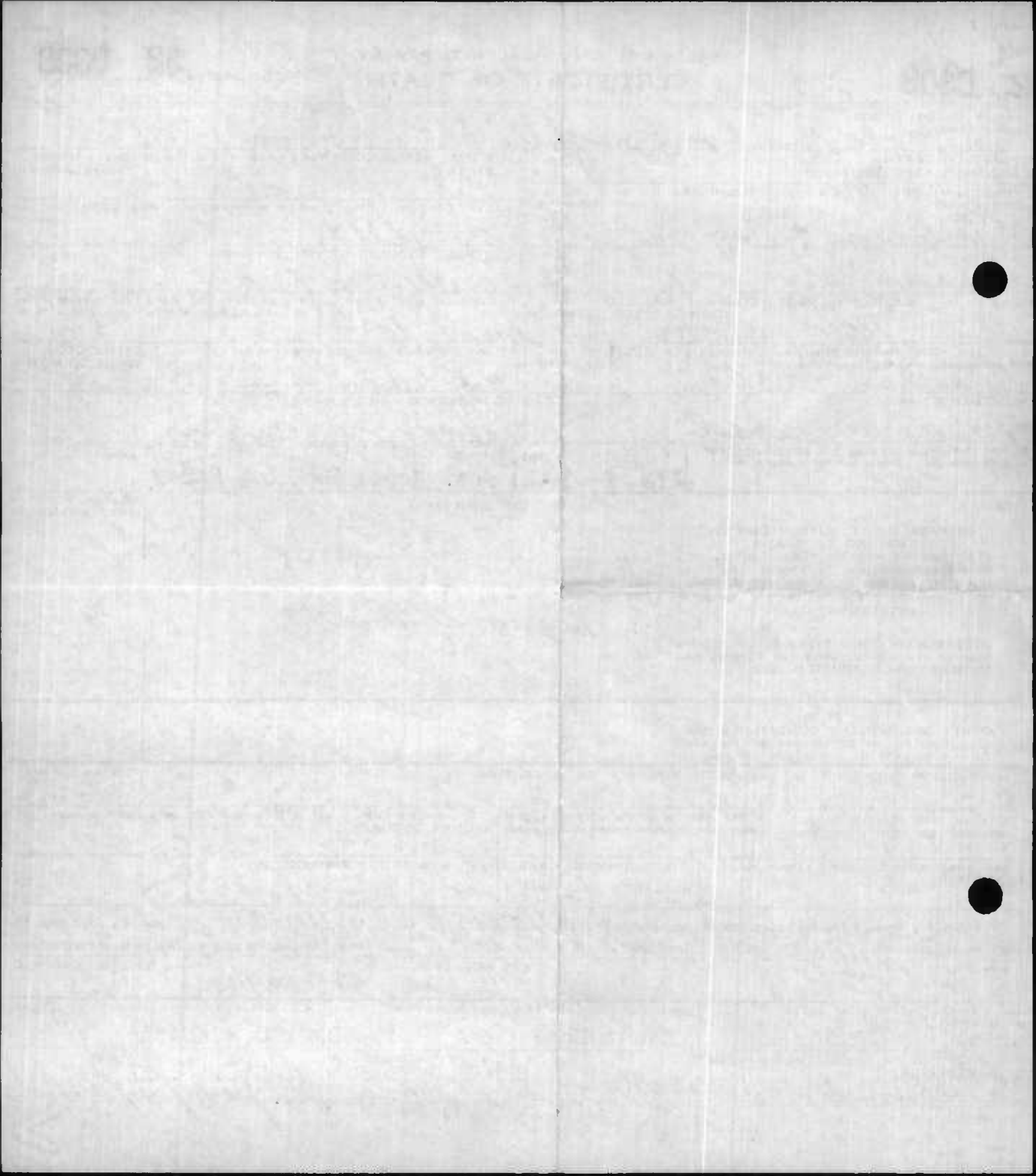
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WHEAT SANDER & SONS  
BALTIMORE - MD.

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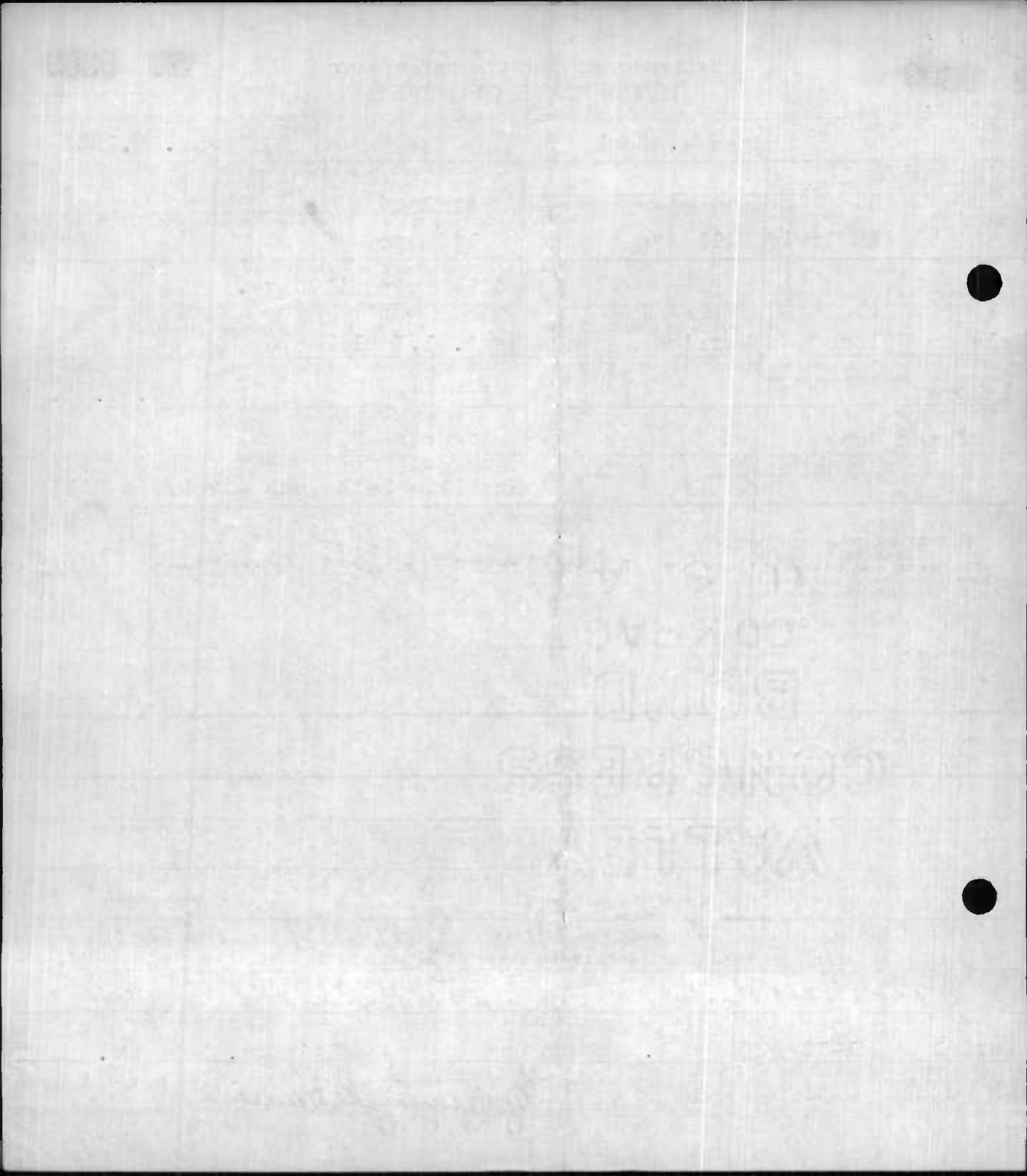
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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0309  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Thomas W. Cook		Jan. 9, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)		A. STATE Maryland	
6. HOSPITAL OR INSTITUTION 429 Druid Hill Ave		B. COUNTY 11-03	
7. Length of stay in Baltimore		C. CITY OR TOWN Baltimore	
8. SEX Male		D. STREET ADDRESS (If rural, give location) 429 Druid Hill Ave.	
9. COLOR OR RACE Colored		E. DATE OF BIRTH Sept. 1, 1881	
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		F. AGE (In years last birthday) 70	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		G. If Under 1 Year Months: Days H. If Under 24 Hours Hours: Min.	
12. KIND OF BUSINESS OR INDUSTRY Y		I. BIRTHPLACE (State or foreign country) Virginia	
13. FATHER'S NAME James Cook		J. CITIZEN OF WHAT COUNTRY? U. S. A.	
14. MOTHER'S MAIDEN NAME Frances ?		15. INFORMANT Mrs Elizabeth Cook	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	
18. 592x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Brights Disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 11/10/1949 to 1/9/1952, that I last saw the deceased alive on 1/8/1952, and that death occurred at 9:30 a. m., from the causes and on the date stated above.			
23A. SIGNATURE J. H. H. H.		23B. ADDRESS 450 W. Biddle St.	
23C. DATE SIGNED 1/10/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-12-52	
24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
25. DATE RECEIVED BY JAN 12 1952		25. REGISTRAR'S SIGNATURE J. H. H. H.	
26. FUNERAL DIRECTOR Matthew C. Hensley		27. ADDRESS 578 W. Biddle St.	

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2 0310BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0310

1. NAME OF DECEASED (Type or Print) <i>Mary McDonald</i>		2. DATE OF DEATH <i>1-9-1952</i>	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Mo.</i> B. COUNTY <i>18-01</i>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <i>841 W. Fairmount</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
7. Length of stay in Baltimore Yrs. <i>18-01</i> Mos. <i>18-01</i> Days <i>18-01</i>		8. DATE OF BIRTH <i>May 16 1877</i>	
9. SEX <i>Female</i>		10. AGE (in years, last birthday) <i>74</i>	
11. COLOR OR RACE <i>Col.</i>		12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		14. KIND OF BUSINESS OR INDUSTRY	
15. FATHER'S NAME <i>Isaac Smith</i>		16. BIRTHPLACE (State or foreign country) <i>Balto.</i>	
17. MOTHER'S MAIDEN NAME <i>Henrietta ?</i>		18. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
19. WAS DECEASED EVER IN U.S. ARMED FORCES? <i>No</i>		20. SOCIAL SECURITY NO.	
21. INFORMANT <i>Rose McDonald</i>		22. ADDRESS <i>841 W. Fairmount</i>	
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Anterior chestic Deat</i>		24. INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Disease</i>		26. DUE TO <i>congestive heart failure</i>	
27. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
28. DATE OF OPERATION <i>0</i>		29. MAJOR FINDINGS OF OPERATION	
30. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
31. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		32. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
33. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
34. TIME (Month) (Day) (Year) (Hour) OF INJURY		35. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
36. HOW DID INJURY OCCUR?			
37. I hereby certify that I attended the deceased from <i>2/10/51</i> , 19 <i>51</i> , to <i>1/9/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1/8/52</i> , 19 <i>52</i> , and that death occurred at <i>6 A.M.</i> , from the causes and on the date stated above.			
38. SIGNATURE <i>Wesley George</i>		39. ADDRESS <i>23 George St</i>	
40. DATE SIGNED <i>1/10/52</i>			
41. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		42. DATE <i>1/13/1952</i>	
43. NAME OF CEMETERY OR CREMATORY <i>Wt. Auburn Am. Balto.</i>		44. LOCATION (City, town, or county) (State) <i>Balto.</i>	
45. REGISTRAR'S SIGNATURE <i>Wesley George</i>		46. FUNERAL DIRECTOR <i>Mrs. Hester R. Williams</i>	
47. ADDRESS <i>322</i>			

8. Full standard  
exactly  
reduced total material

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52 0311

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0311

Registered No. 120560

IRTH NO.

1. NAME OF DECEASED

(Type or Print)

Eba Lewis Jones

2. DATE  
OF  
DEATH

Jan 12, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR  
INSTITUTION U.S. PHS,4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Va.

Chincoteague (town)

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Chincoteague

D. STREET ADDRESS (If rural, give location)

107 Chruch St,

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct 15, 1888

9. AGE (In years  
last birthday)

63

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.11. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Coast Guard (Retired) Coast Guard

12. KIND OF BUSINESS OR  
INDUSTRY

13. BIRTHPLACE (State or foreign country)

Va.

14. CITIZEN OF  
WHAT COUNTRY?

USA

15. FATHER'S NAME

John W. Jones

16. MOTHER'S MAIDEN NAME

Mary Marett

17. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes No

Coast Guard

18. SOCIAL  
SECURITY NO.

unk

19. INFORMANT

Wife

as above

ADDRESS

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) Cerebral thrombosis

4 days

DUE TO Cerebral arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

19. OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension

Yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORKNOT WHILE  
AT WORK22. I hereby certify that I attended the deceased from Jan. 9, 1952, to Jan 12, 1952, that I last saw the  
deceased alive on Jan 12, 1952, and that death occurred at 3:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE Raymond H. Murray Surg. (A.)

23B. ADDRESS

23C. DATE SIGNED

U.S. PHS, Balto, Md.

Jan 12, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Jan 12, 1952

Chincoteague

Virginia

25. DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR

ADDRESS

JAN 13 1952

Huntington Williams, M.D.

William Cook Inc 1217 St Paul Street

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52 0312

52 0312

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Barbara Bersterman</b>		2. DATE OF DEATH <b>1/11/52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hosp.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 26-03</b>	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>3019 Brenden Ave</b>	
7. SEX <b>F</b>	8. COLOR OR RACE <b>Wht</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>3-19-1882</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Seamstress (Retired)</b>		12. AGE (In years last birthday) <b>69</b>	
13. KIND OF BUSINESS OR INDUSTRY <b>Clothing Mfg.</b>		14. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. FATHER'S NAME <b>Joseph Klein</b>		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		18. SOCIAL SECURITY NO. <b>215-03-0346 A</b>	
19. INFORMANT <b>Mrs. Josephine G. Danz</b>		20. ADDRESS <b>1538 Holbrook Street</b>	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Vascular Accident 4/1 day</b>		22. INTERVAL BETWEEN ONSET AND DEATH <b>4/1 day</b>	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hydronephrosis rt. diabetes mellitus</b>		24. ? <b>3 yrs</b>	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>6</b>			
26. DATE OF OPERATION <b>12/22/51</b>		27. MAJOR FINDINGS OF OPERATION <b>Hydronephrosis Rt.</b>	
28. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>	
31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
32. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
34. HOW DID INJURY OCCUR?			
35. I hereby certify that I attended the deceased from <b>12/5, 1951</b> , to <b>1/11, 1952</b> that I last saw the deceased alive on <b>1/11, 1952</b> and that death occurred at <b>12:45</b> a.m., from the causes and on the date stated above.			
36. SIGNATURE <b>S. A. Walker</b>		37. ADDRESS <b>University Hosp</b>	
38. DATE SIGNED <b>1/11/52</b>			
39. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		40. DATE <b>I-14-1952</b>	
41. NAME OF CEMETERY OR CREMATORY <b>Most Holy Redeemer Cemetery</b>		42. LOCATION (City, town, or county) (State) <b>Balair Road, Balto: Md.</b>	
43. ATE RECEIVED BY LOCAL REGISTRAR <b>131952</b>		44. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
45. FUNERAL DIRECTOR <b>George J. Ruth, Inc.</b>		46. ADDRESS <b>-1735 Harford Avenue</b>	

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690 46

133B

( )

52 0313

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0313

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William L. Richards

2. DATE  
OF  
DEATH

1-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6028 Old Harbor Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

BALTO

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Beech Hill Nursing Home

C. CITY OR TOWN

Baltimore Co., Md

D. STREET ADDRESS (If rural, give location)

9923 Harford Road

c. Month of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug. 26-1892

9. AGE (In years  
last birthday)

79

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Co Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm L. Richards

14. MOTHER'S MAIDEN NAME

Rebecca Algire

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Charles Richards - Harford

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Carcinoma Prostate Gland.

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

3 yr.

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 1948, to January 9, 1952, that I last saw the  
deceased alive on Jan 6, 1952, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 13 1952

Huntington Williams, M.D.

J. Luck

5305 Harford Rd

Dr. Geo. Shannon  
Med. Arts Bldg

52 0314

CERTIFICATE CORRECTED 1-22-52

1/11/52

ES

BALTIMORE CITY HEALTH DEPARTMENT

52 0314

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Robert F. Downey

2. DATE  
OF  
DEATH

January 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore - 14 27-06

D. STREET ADDRESS (If rural, give location)

2814 Roselawn Ave

5. Length of stay in Baltimore

38

(Yrs.)  
Mos.  
Days

6. SEX

male

6. COLOR OR RACE

white

7. (SINGLE) MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

1918-Apr-29 33

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work during most of working life, even if retired)

Tool Handler

10B. KIND OF BUSINESS OR  
INDUSTRY

Glenn L. Martin

AIRFRAMES (S)

3. FATHER'S NAME

Leo. J. Downey

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Alice Harrison

5. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(es, no or unknown) (If yes, give war or dates of service)

?

16. SOCIAL  
SECURITY NO.

?

17. INFORMANT

Mother

ADDRESS

Home

18. 410X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Pulmonary embolism  
DUE TO Mitral stenosis and insufficiency  
Thrombophlebitis, right, popliteal vein  
(B) P. H. D. (fever activity?)  
DUE TO  
(C)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 11 1952, to Jan. 11, 1952 19, that I last saw the  
deceased alive on Jan. 11, 1952, and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial  
JAN 13 1952

1-15-52

Baltimore

Baltimore Md

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D. L. J. Rusk

5305 Hayfield Rd

VS 150

390 3T

583



See Document File 52-0314  
1/24/52 ES



32

52 0315

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0315

BIRTH NO. 51-30886

1. NAME OF DECEASED  
(Type or Print)

Baby Daniel Duggins

2. DATE  
OF  
DEATH

Jan. 12, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Madison + Linden 1119 McAllen St

6. Length of stay in Baltimore

12

Yes-  
Mos-  
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)8B. KIND OF BUSINESS OR  
INDUSTRY

8. DATE OF BIRTH

Dec. 31, 1951

9. AGE (In years  
last birthday)10. Under 1 Year  
Months: Days

13

11. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

U. S. A.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Richard J. Duggins

14. MOTHER'S MAIDEN NAME

Theresa Baum

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 777.5 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Malnutrition + Thrush

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Premature baby

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1951, to Jan. 12, 1952, that I last saw the  
deceased alive on Jan. 12, 1952, and that death occurred at 6:14 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Lakshmi Bakhair

M. D.

23B. ADDRESS

Maryland General Hospital, Jan 12, 1952

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1952

Huntington Williams, M.D.

Williams Cook &amp; Son 1217 ST. PAUL ST

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52 0316

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0316  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

William Edgar Busch

2. DATE  
OF  
DEATH January 10, 1952PLACE OF DEATH:  
Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE Maryland  
B. COUNTY before admission)FULL NAME OF (If not in hospital or institution, give street address or location)  
Windsor Rest Home  
3025 Windsor AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 8-04

D. STREET ADDRESS (If rural, give location)

2326 E. Preston Street

Length of stay in Baltimore

Yrs.  
Mos.  
DaysSEX  
male6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married8. DATE OF BIRTH  
Sept. 26, 18769. AGE (In years last birthday) 75  
10. Under 1 Year Months Days  
11. Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Auto Mechanic10B. KIND OF BUSINESS OR INDUSTRY  
Auto Car Sales & Service11. BIRTHPLACE (State or foreign country)  
Baltimore, Maryland12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)  
no16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Mrs. Anna M. Busch, 2326 E. Preston Street

18. 4721 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OCCUR

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from 10 Dec, 1951, to 10 Jan, 1952, that I last saw the deceased alive on 10 Jan, 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)  
burial

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
JAN 13 1952

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul Street

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
OFFICE OF THE REGISTRAR  
ALBANY, N. Y.

CERTIFICATE OF DEATH

NAME OF DECEASED  
AGE  
SEX  
RACE  
DATE OF DEATH  
PLACE OF DEATH

CAUSE OF DEATH  
MANNER OF DEATH

EDUCATION  
OCCUPATION  
MARRIAGE

RELIGION  
POLITICAL PARTY  
SOCIETY

DATE OF BIRTH  
PLACE OF BIRTH  
DATE OF DEATH

CAUSE OF DEATH  
MANNER OF DEATH

EDUCATION  
OCCUPATION  
MARRIAGE

RELIGION  
POLITICAL PARTY  
SOCIETY

DATE OF BIRTH  
PLACE OF BIRTH  
DATE OF DEATH

CAUSE OF DEATH  
MANNER OF DEATH

EDUCATION  
OCCUPATION  
MARRIAGE

RELIGION  
POLITICAL PARTY  
SOCIETY

DATE OF BIRTH  
PLACE OF BIRTH  
DATE OF DEATH

CAUSE OF DEATH  
MANNER OF DEATH

EDUCATION  
OCCUPATION  
MARRIAGE

52 0317

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0317  
Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Fred M. Bauer

2. DATE  
OF  
DEATH

January 10, 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1830 Bolton Street

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 28, 1884

9. AGE (In years,  
last birthday)

67

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

et. Painter - Auto.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Frederick Bauer

14. MOTHER'S MAIDEN NAME

Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Rev. Grace P. Bauer, 1830 Bolton Street

18. 434.2 and 191X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) cardiac hypertrophy

DUE TO

(C) cardiac asthma

INTERVAL BETWEEN  
ONSET AND DEATH

1 yr

1 yr

1 yr

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

skin malignancy rt temporal region

1 yr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-22, 1951, to Jan 10, 1952, that I last saw the deceased alive on Jan 8, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

2431 Maryland Avenue.

23C. DATE SIGNED

1-11-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Cremation

24B. DATE

1/14/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Jr.

ADDRESS

1217 St. Paul Street

JAN 13 1952

VS 150

56483

53





300 52 0318

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0318

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Irene Kedd

2. DATE  
OF  
DEATH

Jun. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1217 Park Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 11-02

D. STREET ADDRESS (If rural, give location)

1217 Park Ave.

5. Length of stay in Baltimore

25 yrs.

6. SEX

Female Colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 6, 1899

9. AGE (In years last birthday)

52

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

House maid

11. BIRTHPLACE (State or foreign country)

Farmville, Va

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Luther Hudson

14. MOTHER'S MAIDEN NAME

Mary Bland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Geneva Adams

ADDRESS

1217 Park Ave.

18. 442X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardio renal disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-28, 1914, to 1-14, 1952, that I last saw the deceased alive on 1-8, 1952, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Geneva Adams M.D.

23B. ADDRESS

2327 av. North ave

23C. DATE SIGNED

1-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

Burial Jan. 16, 1952

Family lot

Farmville, Va

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 13 1952

Huntington Williams, M.D.

6000 Druid Hill Ave.

VS 150

7208A

131a





00  
52 0319BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0319  
Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Estella Hope

2. DATE  
OF  
DEATH

Jan. 10, 1952

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF  
(If not in hospital or institution, give street address or  
location)

1806 St. North Ave.

Length of stay in Baltimore

? Yrs.  
Mos.  
Days

SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

Home

3. FATHER'S NAME

Edward Smackum

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

Jan. 21, 1891

9. AGE (In years  
last birthday)

60

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Carroll Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Georgianna Hall

17. INFORMANT

ADDRESS 1806  
North Ave.

18. 443X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) ...  
DUE TO

Cerebral Accident

INTERVAL BETWEEN  
ONSET AND DEATH

1 hr.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) ...  
DUE TO

Hypertension, Cerebral Vascular Disease

(C) ...

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 9, 1952, to Jan. 10, 1952, that I last saw the deceased alive on Jan. 9, 1952, and that death occurred at 3:10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert K. ...

M. D.

23B. ADDRESS

1375 W. ...

23C. DATE SIGNED

1/11/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Jan. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Luke

24D. LOCATION (City, town, or county)

Riverview, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Funeral Home

ADDRESS

1631 Druid Hill Ave.

1897

1897

*[Faint, illegible handwriting covering the majority of the page, likely bleed-through from the reverse side.]*

0 5 0

52 0320

52 0320

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Hawkins

2. DATE  
OF  
DEATH

Jan. 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Yrs.  
Mos.  
Days

E. Length of stay in Baltimore

50 years

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Charter

10B. KIND OF BUSINESS OR  
INDUSTRY

Hotel &amp; Club

11. BIRTHPLACE (State or foreign country)

Davidsonville, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Frank Hawkins

14. MOTHER'S MAIDEN NAME

Maggie Blake

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, give war or dates of service)

No.

16. SOCIAL  
SECURITY NO.

219-07-3987

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 550.1 I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)(A) Perforated appendix with  
peritonitis

2 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Central abscess

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/6/52

19B. MAJOR FINDINGS OF OPERATION

Appendicitis &amp; peritonitis

20. AUTOPSY?

YES ☒ No ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?  
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/6 to 1/10, 1952, that I last saw the  
deceased alive on 1/8, 1952, and that death occurred at 9:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

St. J. Sacristo

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1/11/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 13, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
ALL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1800 Divis Hill Ave.

VS 150

784FB

121



52 0321

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0321  
Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Mrs. Addie Ronnenburg. (ADDIE C. RONNENBURG)

2. DATE  
OF DEATH

January 10, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland Baltimore, Md.

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTIONSt. Agnes Hospital  
Caton & Wilkens Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 20-02

D. STREET ADDRESS (If rural, give location)

2206 West Lexington Street

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days6. SEX  
F.6. COLOR OR RACE  
W.7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married.

8. DATE OF BIRTH

JUNE 14-1867

9. AGE (in years  
last birthday)

84

If Under 1 Year  
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. FATHER'S NAME

John Kiser.

11. BIRTHPLACE (State or foreign country)

Baltimore Co. Md.

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Humer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

No.

\*\*\*\*\*

16. SOCIAL  
SECURITY NO.  
\*\*\*\*\*

17. INFORMANT

L.

Sr. ADDRESS

Son- Theodore Ronnenburg-W. Lexington St.

18. 587.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A) Cardiac failure  
DUE TO torsion  
acute pancreatitis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-5-52

19B. MAJOR FINDINGS OF OPERATION

Acute diverticulitis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-3, 1952 to 1-10, 1952, that I last saw the  
deceased alive on 1-10, 1952 and that death occurred at 11 P.m., from the causes and on the date stated above.

23A. SIGNATURE

George Kiser

M. D.

23B. ADDRESS

St Agnes Hospital

23C. DATE SIGNED

1-11-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan:15-1952

New Cathedral Cemetery Baltimore Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 13 1952

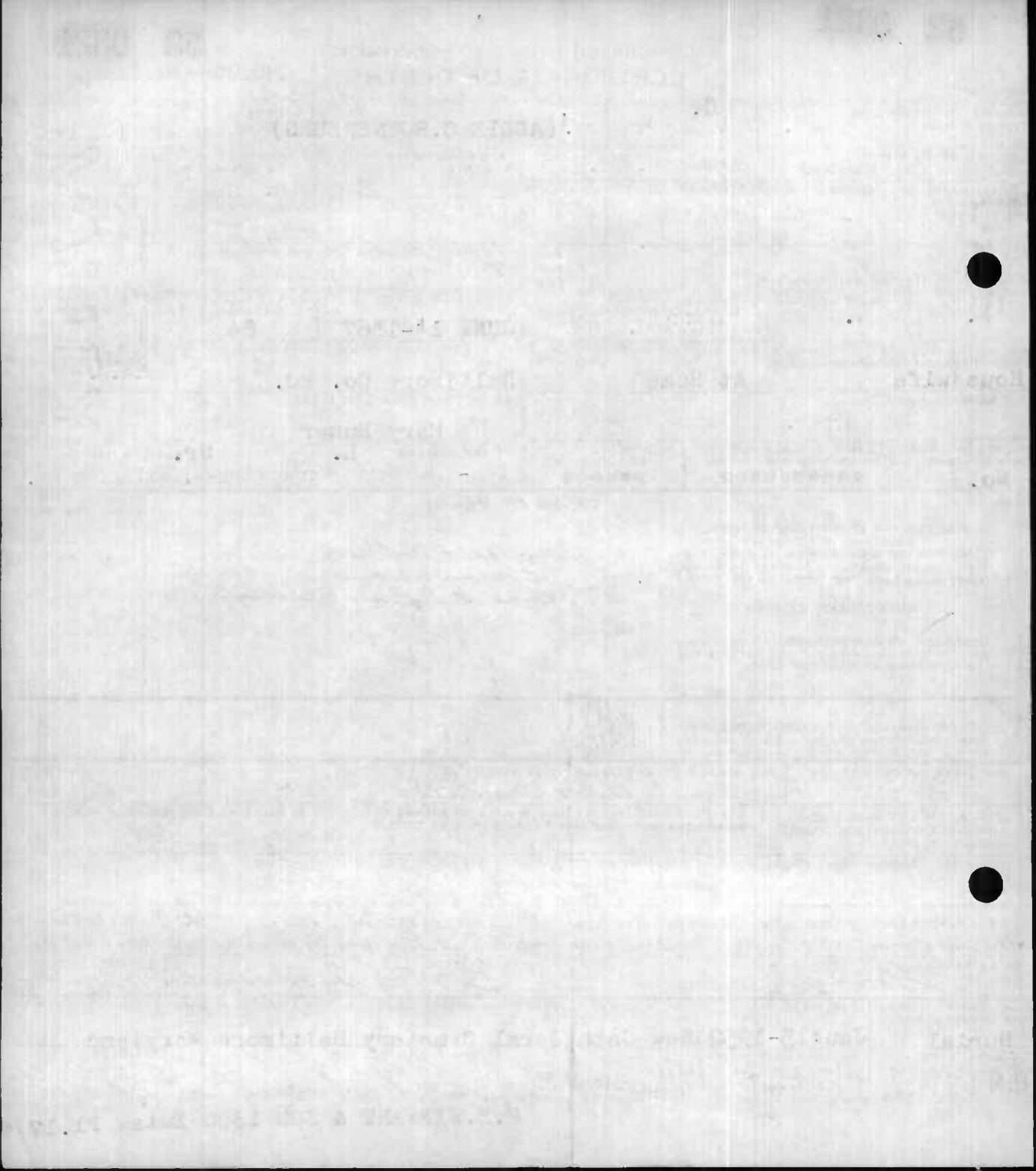
Huntington Williams, M.D.

F.B. Wippert &amp; Son

VS 150

F.B. WIPPERT &amp; SON 1300 Eutaw Pl. 17

123





52 0322

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0322  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ELIZABETH M. GELDMACHER

2. DATE  
OF  
DEATH

January 11, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Franklin Square Hospital

c. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR  
INDUSTRY

Kylene Mfg. Co.

13. FATHER'S NAME

Clarence E. Plummer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No.

\*\*\*\*\*

16. SOCIAL  
SECURITY NO.

218-03-6998

B. DATE OF BIRTH

2/ 24/1908

9. AGE (In years  
last birthday)

43

11 Under 1 Year  
Months Days11 Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Nettie Sanders

17. INFORMANT

ADDRESS

Carroll H. Geldmacher-420 S Furrow

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Luetic Heart Disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN  
ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

R. S. Fisher

M.D.

23b. CHIEF MEDICAL EXAMINER ☒  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

1/11/52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24b. DATE

Jan:14-1952

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24d. LOCATION (City, town, or county) (State)

Baltimore Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

F. B. Wippert &amp; Son 30E

RECEIVED

1175

21 JAN 1958

1175

1175

1175

1175

1175

1175

52 0323

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0323

Registered No.

IRTH NO. 51-28545

NAME OF DECEASED  
(Type or Print)

Baby Casandra Cole

2. DATE  
OF  
DEATH

12 52

PLACE OF DEATH:

Baltimore City, Maryland Baltimore, Md.

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY U S A

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore, Md. 20-08D. STREET ADDRESS (If rural, give location)  
431 S. Augusta Ave.

Length of stay in Baltimore

8 Wks

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Single

8. DATE OF BIRTH

11 2 51

9. AGE (in years last birthday)

8 Wks.

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Baltimore, Md.12. CITIZEN OF WHAT COUNTRY?  
U S A

3. FATHER'S NAME

Charles

E. Cole

14. MOTHER'S MAIDEN NAME

Marie

Staub

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Chas. E. Cole. 431 S. Augusta Ave

18. 774X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Hemorrhage - Pancreatic

DUE TO

(B) Immature development

DUE TO

(C) Prematurity

INTERVAL BETWEEN ONSET AND DEATH

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9 1952 to 1/12 1952, that I last saw the deceased alive on 9:10 AM, 1952, and that death occurred at 9:10 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 14 1952

Huntington Williams, M.D.

Harry H. Witzke, 4101 Edmondson

VS 150

520000322

159

CME

1980 32

1980 32

1980 32



1950 32

STANDARD AIRPORT

1950 32

100 100 100





52 0325

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0325

Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Emma M. Rembold

2. DATE  
OF  
DEATH

Jan. 11/52

PLACE OF DEATH:

Baltimore City, Maryland

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

109 S. Franklinton Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-04

D. STREET ADDRESS (If rural, give location)

109 S. Franklinton Rd.

Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Jan. 19, 1865

9. AGE (In years  
last birthday)

86

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

1. " "

10B. KIND OF BUSINESS OR  
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

3. FATHER'S NAME

John Huesing

14. MOTHER'S MAIDEN NAME

Mary-----

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lillian Laiv, 109 S. Franklinton

18. 4/20/1

CAUSE OF DEATH

RD

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Thrombosis

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardio Vascular Disease

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7, 1952, to 1/11, 1952, that I last saw the  
deceased alive on 1/10, 1952, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Blanche Langhlin

23B. ADDRESS

M. D.

4508 Edmondson Village

23C. DATE SIGNED

1/12/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 14/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral, 4300 Old Frederick Rd. Balto. 29, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

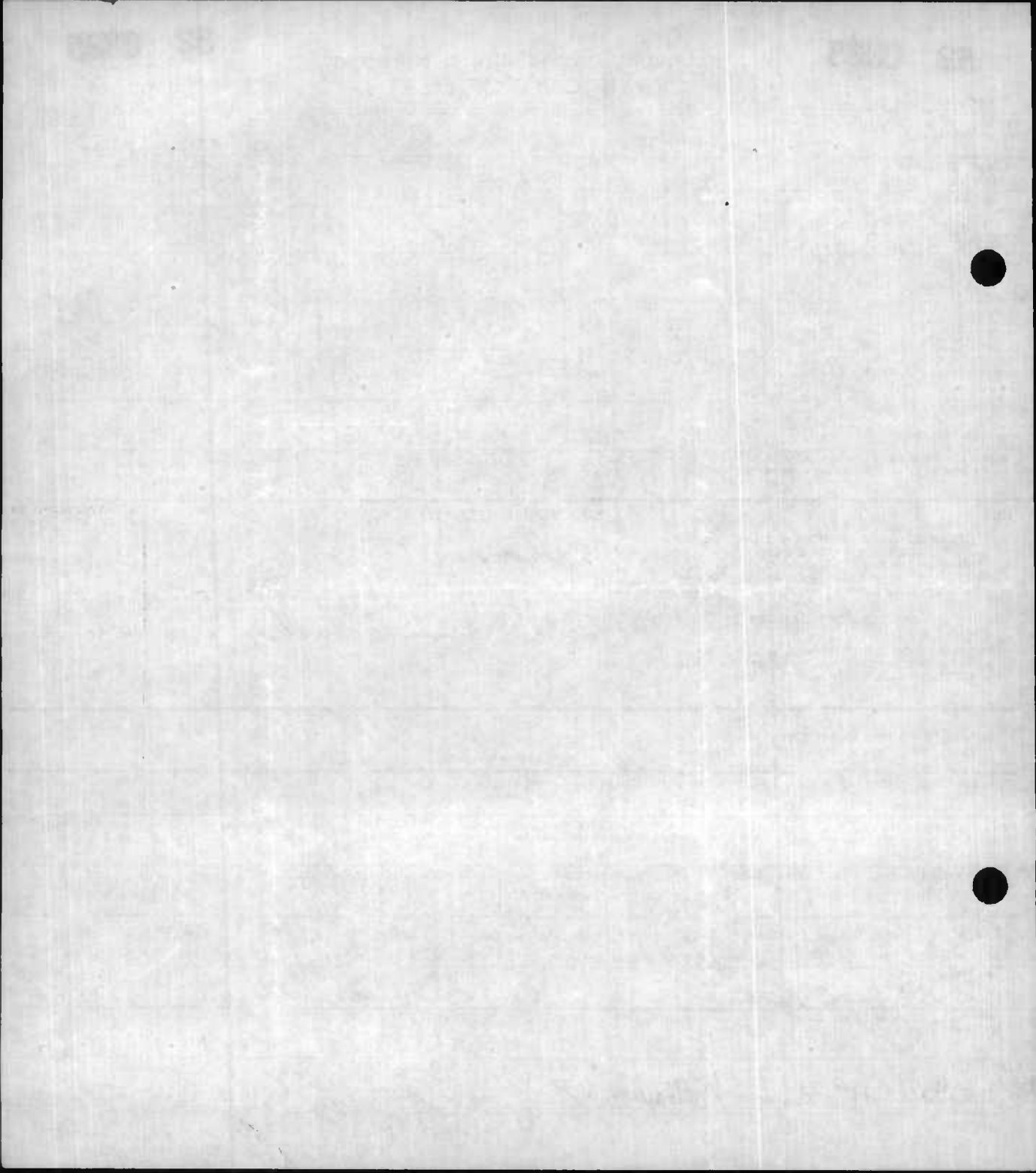
ADDRESS

Harry H. Kutzke, 4101 Edmondson

VS 150

937 Ave.





52 0326

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0326

Registered No.

BIRTH NO. *Non Res.*NAME OF DECEASED  
(Type or Print)

RALPH R. Scott

2. DATE  
OF  
DEATH

JAN 13, 1952

PLACE OF DEATH:

Baltimore City, Maryland

HAL 3

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

W. VA.

FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

CHARLESTON W. Va

D. STREET ADDRESS (If rural, give location)

4912 INDIANA ST.

Length of stay in Baltimore

Yrs.  
Mos.  
Days

SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

3-30-51

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

Months Days

Hours Min.

9 13

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charleston W. Va.

12. CITIZEN OF WHAT COUNTRY?

3. FATHER'S NAME

Roy J. Scott

14. MOTHER'S MAIDEN NAME

Nolan Seymour

5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 760.0

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

## DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage, acute immediate

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral Hematoma, chronic 8 mos

DUE TO

(C)

Birth Injury

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Jan. Dec. 29, 1951

Hematoma between hemispheres

20. AUTOPSY?  
YES ☒ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OCCURRENCE

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 12-26-1951, to 1-13-1952, that I last saw the deceased alive on 1-13-1952, and that death occurred at 4:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

JOHNS HOPKINS HOSPITAL

1/13/52

46. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

REMOVAL

1/14/52

Sunset Memorial

Charleston W. Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 14 1952

Huntington Williams, M.D.

W. C. Cook, Inc. 1217 St. Paul St.

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VALLEY

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CONFIDENTIAL

363  
52 0327For approval of Med. Examiner  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

52 0327

1. NAME OF DECEASED (Type or Print) Paulette Goddard		2. DATE OF DEATH 1-12-52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
5. FULL NAME OF HOSPITAL OR INSTITUTION Saint Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore (Linthicum Hgts)	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) Winterson Road 5200	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	10. DATE OF BIRTH 2-7-47
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (in years last birthday) 4	
13. FATHER'S NAME Rhody		14. BIRTHPLACE (State or foreign country) New York	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY? Helen Arthurs	
17. SOCIAL SECURITY NO.		18. INFORMATION ADDRESS Stanley Goddard (Rhody's)	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) E916.0 I DUE TO 1st, 2nd & 3rd body burns - 60° - non chemical ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CERTIFICATION APPROVED BY Stanley H. Derleth M.D.			
19A. DATE OF OPERATION		20. MAJOR FINDINGS OF OPERATION CHIEF OF MEDICAL EXAMINER	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
23A. TIME (Month) (Day) (Year) (Hour) January 11, 1952		24. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Winterson Road, Linthicum Heights	
25. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		26. HOW DID INJURY OCCUR? Clothes caught fire from stove	
27. I hereby certify that I attended the deceased from 1-11-52, 19, to 1-12-52, 19, that I last saw the deceased alive on 1-12-52, 19, and that death occurred at 4:15 P.M., from the causes and on the date stated above.			
28. SIGNATURE George Allen		29. ADDRESS M.D.	
30. DATE Jan 14, 1952		31. NAME OF CEMETERY OR CREMATORY Landon Park	
32. LOCATION (City, town, or county) Baltimore		33. (State) Frederick and Baltimore	
34. DATE RECEIVED BY LOCAL REGISTRAR JAN 14 1952		35. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
36. FUNERAL DIRECTOR 24 Beechwood Ave, 28, Md.		37. ADDRESS	

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52 03283100  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0328  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>JOSEPHINE HUGHES</b>		2. DATE OF DEATH <b>Jan 12, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 20-06</b>			
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <b>7917 Kingsley St</b>			
7. SEX <b>F</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>April 1907</b>	11. AGE (In years last birthday) <b>44</b>	12. Under 1 Year Months: Days Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Danville Va</b>	
13. FATHER'S NAME <b>Albert C. Sadler</b>		14. MOTHER'S MAIDEN NAME <b>Stella Mason</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT <b>George P. Hughes 7917 Kingsley St</b> ADDRESS	
18. <b>E916.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>FIRST, SECOND and THIRD</b> DUE TO <b>DEGREE BURNS OF BODY</b> (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH					
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>2917 KINGSLEY ST.</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Jan 12, 1952 P.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>BURNED IN FIRE IN HOME</b>	
22. I certify that I took charge of the remains described above, held an <b>Autopsy, Inspection or Inquiry</b> thereon and from the evidence obtained by said <b>Autopsy, Inspection or Inquiry</b> , find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley B. Durelacher</b> M.D.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Jan 13, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24B. DATE <b>1-15-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>New Cathedral</b>	
24D. LOCATION (City, town, or county) <b>Baltimore MD</b>		24E. LOCATION (City, town, or county) <b>Baltimore MD</b>		24F. LOCATION (City, town, or county) <b>Baltimore MD</b>	
DATE RECEIVED BY REGISTRAR <b>JAN 14 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>W. C. Waller</b> ADDRESS <b>180 3512 Frederick Ave</b>	

8000 12

8000 12





52 0329

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0329  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Minnie C. Klingelhofer

2. DATE  
OF  
DEATH

Jan. 11 - 1952

3. PLACE OF DEATH:

Baltimore City, Maryland 3409 Walbrook ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or  
location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

Baltimore

15-06

6. HOSPITAL OR  
INSTITUTION

D. STREET ADDRESS (If rural, give location)

3409 Walbrook ave

7. Length of stay in Baltimore

11 → Yrs.  
Mos.  
Days

8. SEX

Female

9. COLOR OR RACE

White

10. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

11. DATE OF BIRTH

MAR. 14 - 1873

12. AGE (In years  
last birthday)

78

13. Under 1 Year

Months: Days

14. Under 24 Hours

Hours: Min.

15. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Fitter

16. KIND OF BUSINESS OR  
INDUSTRY

Ladies clothing

17. BIRTHPLACE (State or foreign country)

Baltimore Ind

18. CITIZEN OF  
WHAT COUNTRY?

Ind

19. FATHER'S NAME

Chas. W.

Klingelhofer

20. MOTHER'S MAIDEN NAME

Christine Rock

21. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)22. SOCIAL  
SECURITY NO.

23. INFORMANT

ADDRESS 3409

Minnie D. Klingelhofer Walbrook ave

24. 420.1.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Coronary Sclerosis

DUE TO

Arteriosclerosis  
and Semilethargy

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

25. DATE OF OPERATION

26. MAJOR FINDINGS OF OPERATION

27. AUTOPSY?

YES ☐ NO ☐28. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH29. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)30. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?31. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

32. INJURY OCCURRED

33. HOW DID INJURY OCCUR?

34. INJURY

35. WHILE AT

36. NOT WHILE

37. WORK

38. AT WORK

39. I hereby certify that I attended the deceased from Jan 9, 1952 to Jan 11, 1952, that I last saw the  
deceased alive on Jan 11, 1952 and that death occurred at 5:00 P. M., from the causes and on the date stated above.

40. SIGNATURE

M. D. M. D.

41. ADDRESS

3033 W North A

42. DATE SIGNED

4/11/52

43. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

44. DATE

Jan. 15 - 52

45. NAME OF CEMETERY OR CREMATORY

London Park

46. LOCATION (City, town, or county)

Balt. Ind

(State)

47. DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 14 1952

48. REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

49. FUNERAL DIRECTOR

Geo. F. Berger Jr 1512 Hollins St

50. ADDRESS

Balt. 23 Ind 94a

1930 133

1930 133



52 0330

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0330  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

HOWARD FINEGOLD

2. DATE  
OF  
DEATH

1/13/1952

PLACE OF DEATH:

Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Md.

FULL NAME OF (If not in hospital or institution, give street address or  
OSPITAL OR location)

Lutheran Hospital of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore 15-13

D. STREET ADDRESS (If rural, give location)

2613 Quantico Ave

Length of stay in Baltimore

53

Yrs.  
Mos.  
Days5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Male

White

Married

8A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

8B. KIND OF BUSINESS OR  
INDUSTRY

Auto Works

9. AGE (In years  
last birthday)

55

10. Under 1 Year  
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

3. FATHER'S NAME

18992

14. MOTHER'S MAIDEN NAME

REBECCA

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

212-30-2479

17. INFORMANT

ADDRESS

MINNIE FEINGOLD - SPM

18. 443X  
DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

CAUSE OF DEATH

D.O.A.

INTERVAL BETWEEN  
ONSET AND DEATH

(A) Acute congestive heart failure

DUE TO

ANTECEDENT CAUSES

(B) Hypertension

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the  
deceased alive on D.O.A., 19\_\_\_\_, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

P. Smith

M. D.

23B. ADDRESS

Lutheran Hospital of Md.

23C. DATE SIGNED

1/13/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

93E

NOT A MEDICAL EXAMINER'S CASE

*R. H. Fisher* M.D.

CHIEF OR ASST. MEDICAL EXAMINER

45  
52 0331BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0331

Registered No. \_\_\_\_\_

IRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs Jennie Hettleman

2. DATE  
OF  
DEATH

1-13-52

3. PLACE OF DEATH:  
Baltimore City, Maryland4. FULL NAME OF (If not in hospital or institution, give street address or location)  
Leondale4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE Md  
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-475. Length of stay in Baltimore  
60 Yrs.  
Mons. DaysD. STREET ADDRESS (If rural, give location)  
2313 Dukeland St6. COLOR OR RACE  
Female white

8. DATE OF BIRTH

9. AGE (In years last birthday) 68  
If Under 1 Year Months: Days  
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
House wife7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Divorced

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Kansas

12. CITIZEN OF WHAT COUNTRY?

3. FATHER'S NAME  
Moses14. MOTHER'S MAIDEN NAME  
Fannie5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT  
Minnie Hettleman - Same

ADDRESS

18. 332X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral Arteriosclerosis years

DUE TO

(C)

General Arteriosclerosis years

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Parkinson's Disease

years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-5, 1951, to Jan 13, 1952, that I last saw the deceased alive on 1-13, 1952, and that death occurred at 1:25 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Jerome J. Blumberg M. D.

Leondale House

1-13-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-14-52

Rosedale

Baltimore Md

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 14 1952

Huntington Williams, M.D.

Jack Lewis Jr 2100 Canton Pl

RECEIVED BY THE  
OFFICE OF THE  
ATTORNEY GENERAL

WATLEY  
CONGESS  
BOND



52 0332

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0332  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Howard V. Bull

2. DATE

OF DEATH January 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

2706 Cylburn Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-17

D. STREET ADDRESS (If rural, give location)

2706 Cylburn Avenue

E. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

Sept. 10, 1892

9. AGE (In years last birthday)

59

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Meat Cutter

10B. KIND OF BUSINESS OR INDUSTRY

Retail Store

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Silas Bull

14. MOTHER'S MAIDEN NAME

Alice Duvall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

(If yes, give war or dates of service)  
W. W. #116. SOCIAL SECURITY NO.  
216-09-2723

17. INFORMANT

ADDRESS

Mrs. Laura Estella Bull 2706 Cylburn Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of stomach

1 yr.

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 6, 1951 to Jan 12, 1952 that I last saw the deceased alive on Jan 11, 1952 and that death occurred at 12:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

11 W. 29th St.

23C. DATE SIGNED

Jan 12/1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 14 1952

Huntington Walligues, M.D.

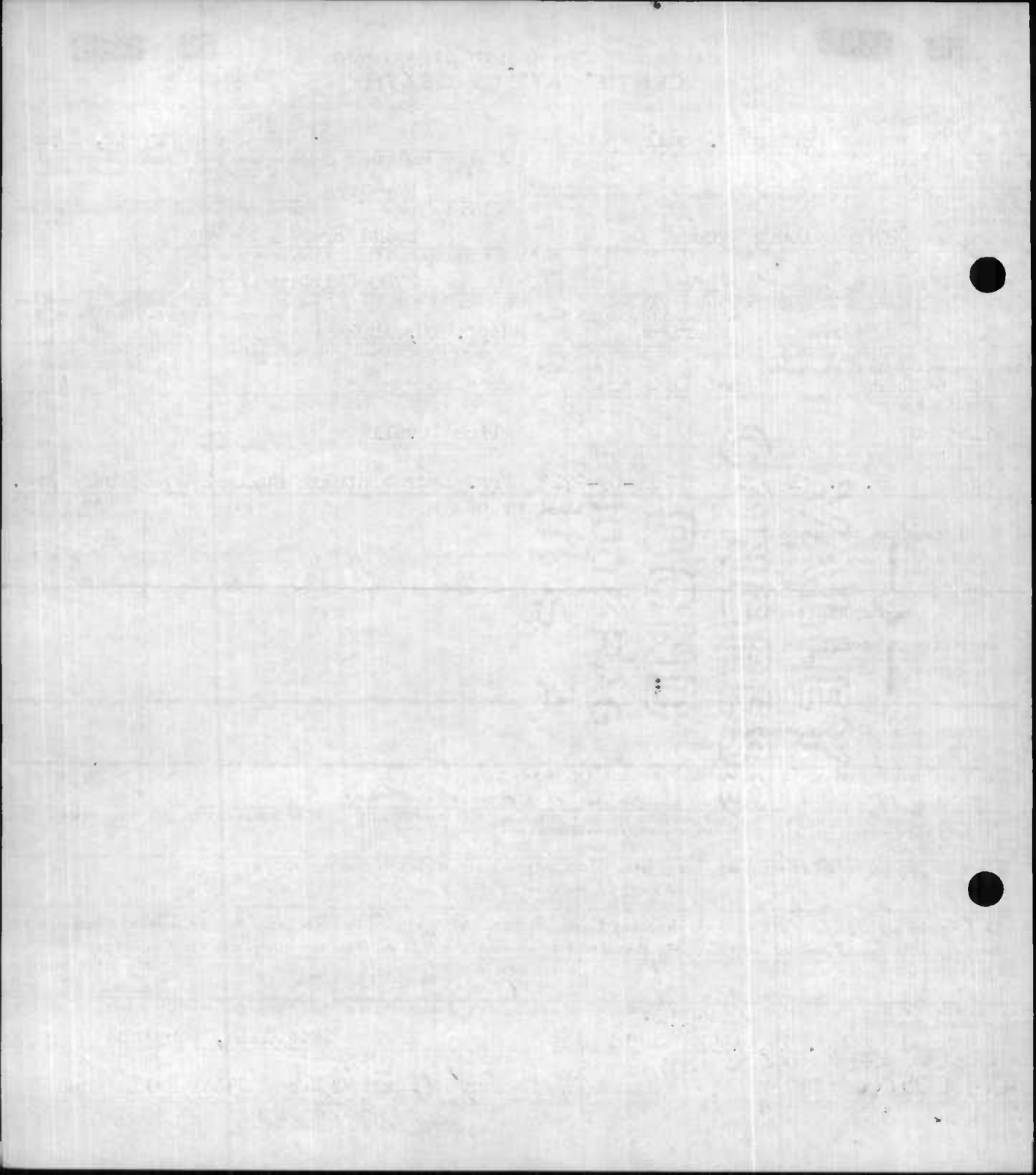
Burgess Funeral Home

3631 Falls Road

6446A Horace F. Burgee

46B





52 0333

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0333  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>LOUIS HENRY MAHAFFEY</b>		2. DATE OF DEATH <b>Jan. 11, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>US Public Health Service Hospital Wyman Pk. Drive &amp; 31st St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13-08</b>	
6. Length of stay in Baltimore <b>? 70 years</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1410 Union Avenue</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>8/4/76</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Watchman</b>		12. AGE (In years last birthday) <b>75</b>	13. Under 1 Year Months: Days Under 24 Hours Hours: Min.
14. BIRTHPLACE (State or foreign country) <b>Pa.</b>		15. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
16. FATHER'S NAME <b>James B. Mahaffey</b>		17. MOTHER'S MAIDEN NAME <b>Margaret Dinsmore</b>	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes SAW</b>		19. SOCIAL SECURITY NO. <b>219-2-8615</b>	
20. INFORMANT <b>Records- US PHS HOSPITAL, Balto, Md.</b>		21. ADDRESS	

18. <b>155X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Carcinoma, anaplastic, of gallbladder.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Dec. 10, 1951</b> , to <b>Jan. 11, 1952</b> that I last saw the deceased alive on <b>Jan. 11, 1952</b> , and that death occurred at <b>10:15 Am.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>Clinton C. Powell, Surgeon</b> M. D.	23B. ADDRESS <b>US PHS Hospital, Balto, Md.</b>	23C. DATE SIGNED <b>1/11/52</b>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Jan. 15, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 14 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Burges Funeral Home</b>	ADDRESS <b>3631 Falls Road</b>
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1150

31

5

1150

31

ST. LOUIS  
MISSOURI

52 0334

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0334

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Martha E. Nace

2. DATE  
OF  
DEATH

January 12, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF  
(If not in hospital or institution, give street address or  
location)

4543 Schenley Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

Maryland

B. COUNTY

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-14

D. STREET ADDRESS (If rural, give location)

4543 Schenley Road

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Female

White

Widow

8. DATE OF BIRTH

Dec. 5, 1879

9. AGE (in years  
last birthday)

72

If Under 1 Year

If Under 24 Hours

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Phillip Geidt

14. MOTHER'S MAIDEN NAME

Catherine Kirchhaimer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Charles G. Nace 4543 Schenley Road

18. 42011

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 1947, 19, to Jan 12, 1952, that I last saw the  
deceased alive on Jan 11, 1952, and that death occurred at 12:10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Jan. 15, 1952

Loudon Park

Baltimore, Maryland

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 14 1952

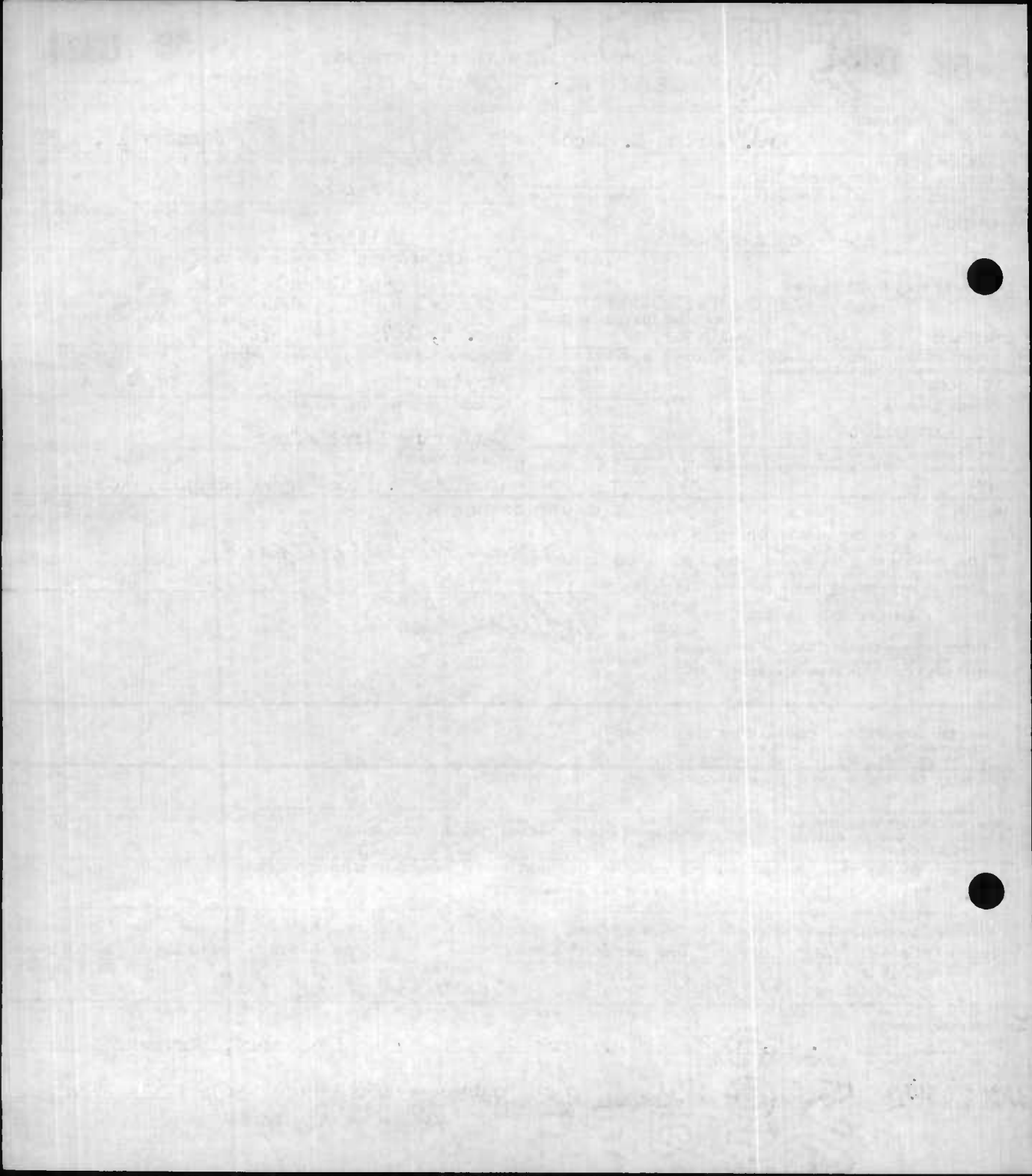
Huntington Williams, M.D.

Bungee Funeral Home 3631 Falls Road

VS 150

Volace F. Bungee

94a



52 0335

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0335  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		GEORGE A. RANDOLPH		2. DATE OF DEATH		January 9, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
5. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital				A. STATE Maryland			
6. Length of stay in Baltimore Lifetime				B. COUNTY			
7. SEX Male				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-03			
8. COLOR OR RACE Colored				D. STREET ADDRESS (If rural, give location) 2421 Francis Street			
9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)				10. DATE OF BIRTH Unknown			
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter				12. AGE (In years last birthday) 50 yrs			
13. KIND OF BUSINESS OR INDUSTRY				14. BIRTHPLACE (State or foreign country) Baltimore, Md.			
15. FATHER'S NAME Thomas A. Randolph				16. MOTHER'S MAIDEN NAME Rachel Lucas			
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)				18. SOCIAL SECURITY NO.			
19. ADDRESS				20. INFORMANT Francis Allen 517 Gold St			

18. 600-0		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Urinary retention			
ANTECEDENT CAUSES		(B) Pyelonephritis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Terminal uremia			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William H. Brooks		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Jan. 10, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Jan. 14/52		24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR Brooks, Reggolds		24F. ADDRESS 1463 N. Carey St	





550  
52 0336BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0336

Registered No. \_\_\_\_\_

IRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>HARRY R. LEMEN</b>		2. DATE OF DEATH <b>1/10/52</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland 900 Mavin Street</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>[REDACTED]</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>25-06</b>	
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>900 Mavin Street</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	10. DATE OF BIRTH <b>9/ /1879</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Neighmaster</b>		12. AGE (in years last birthday) <b>72</b>	
13. KIND OF BUSINESS OR INDUSTRY <b>Mathison Chem. Co.</b>		14. BIRTHPLACE (State or foreign country) <b>West Virginia</b>	
15. CITIZEN OF WHAT COUNTRY? <b>(A)</b>		16. CITIZEN OF WHAT COUNTRY? <b>(A)</b>	
17. FATHER'S NAME <b>(A)</b>		18. MOTHER'S MAIDEN NAME <b>(A)</b>	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		20. SOCIAL SECURITY NO. <b>(A)</b>	
21. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary Occlusion</b> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive - Arterio-sclerotic</b> DUE TO <b>Cerebro-Vascular Disease</b> DUE TO <b>(C)</b>		22. INTERVAL BETWEEN ONSET AND DEATH <b>one day</b>	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>II</b>			
24. DATE OF OPERATION <b>1/14/52</b>		25. MAJOR FINDINGS OF OPERATION <b>Cedar Hill</b>	
26. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		27. DATE SIGNED <b>1/14/52</b>	
28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>220 Potapow Ave</b>		29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Baltimore</b>	
30. TIME (Month) (Day) (Year) (Hour) <b>1/14/52</b>		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. HOW DID INJURY OCCUR? <b>3904R</b>		33. I hereby certify that I attended the deceased from <b>Dec 1949</b> , to <b>Jan 8, 1952</b> , that I last saw the deceased alive on <b>Jan 8, 1952</b> , and that death occurred at <b>9:30</b> m., from the causes and on the date stated above.	
34. SIGNATURE <b>Paul Lubin</b>		35. ADDRESS <b>James L. McCully - 130 E. Fort Avenue</b>	
36. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 14 1952</b>		37. REGISTRAR'S SIGNATURE <b>James L. McCully</b>	
38. VS 150		39. 93D	

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ATTORNEY GENERAL

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BALTIMORE CITY HEALTH DEPARTMENT

52 0337

CERTIFICATE OF DEATH

Registered No.

KENYAN

1. NAME OF DECEASED (Type or Print) <b>Col. WALTER LLOYD</b>		2. DATE OF DEATH <b>Jan 12, 1952</b>	
3. PLACE OF DEATH: Baltimore City, Maryland <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Baltimore Md.</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Church Home &amp; Hosp.</b>		D. STREET ADDRESS (If rural, give location) <b>1514 Bolton St.</b>	
6. Length of stay in Baltimore <b>10 yrs.</b>		7. SEX <b>M</b> 6. COLOR OR RACE <b>W</b> 7. SINGLE (MARRIED, WIDOWED, DIVORCED (Specify)) <b>M</b>	
8. DATE OF BIRTH <b>Dec. 21, 1866</b>		9. AGE (In years last birth day) <b>85</b> 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHAPLAIN, RETIRED</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>U.S. ARMY</b>	
11. BIRTHPLACE (State or foreign country) <b>England WALES</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Wm. Lloyd</b>		14. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>YES</b> <b>SPANISH-AMERICAN</b>		16. SOCIAL SECURITY NO. <b>?</b>	
17. INFORMANT <b>Wife</b>		ADDRESS <b>1514 Bolton St.</b>	
18. <b>332X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO <b>Hypertensive vascular disease 12 yrs.</b> DUE TO <b>Antecedent causes</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 29, 1951</b> , to <b>Jan 12, 1952</b> , that I last saw the deceased alive on <b>Jan 2, 1952</b> and that death occurred at <b>9 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Dennis E. Rosenberg</b>		23B. ADDRESS <b>Church Home &amp; Hosp.</b>	
23C. DATE SIGNED <b>Jan 12, 1952</b>		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1/15/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Arlington Nat'l</b>		24D. LOCATION (City, town, or county) (State) <b>Arlington Va</b>	
25. FUNERAL DIRECTOR <b>Wm. J. Jackson &amp; Son Inc Baltimore Md</b>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 14 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. J. Jackson</b>	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0338  
Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

SAMUEL

BRAXTON

2. DATE  
OF  
DEATH

Jan. 12, 1952

PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Harford

FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Abington

D. STREET ADDRESS (If rural, give location)

6200

1. of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

male

colored

seperated

8. DATE OF BIRTH

1-26-1903

9. AGE (In years last birthday)

48

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Thomas Braxton

14. MOTHER'S MAIDEN NAME

Keziah Fountain

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

no, no or unknown

16. SOCIAL SECURITY NO.

215-03-2021

17. INFORMANT

ADDRESS

Thoams Braxton, Abingdon, Md.,

18. E 816.4

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple fractures, lacerations, contusions and abrasions

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Subdural hematoma

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Oak Grove Rd. & Martin Blv'd.-Essex, Md.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Jan 11, 1952 6:00 P. m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto and auto collision (driver)

22. I certify that I took charge of the remains described above, held an \_\_\_\_\_ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley S. Duncanson M.D.

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 12, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1-15-1952

24C. NAME OF CEMETERY OR CREMATORY

John Wesley

24D. LOCATION (City, town, or county) (State)

Abingdon, Harford, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 14 1952

REGISTRAR'S SIGNATURE

Stanley S. Duncanson

25. FUNERAL DIRECTOR

Howard K. McBratton

ADDRESS

Abingdon, Md 1702





46952 0339

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0339  
Registered No.

BIRTH NO. <i>Non Rec.</i>		2. DATE OF DEATH <i>1-13-52</i>	
1. NAME OF DECEASED (Type or Print) <i>JAMES DONALD TAYLOR</i>			
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>MARYLAND</i> b. COUNTY <i>Harford</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>UNION MEMORIAL HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>EDGEWOOD</i>	
c. Length of stay in Baltimore <i>4</i>		d. STREET ADDRESS (If rural, give location) <i>EDGEWOOD RD. ROAD</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. (SINGLE) MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>SEPT. 11, 1957</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>4</i>
11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>ROBERT STEWART TAYLOR, JR.</i>		14. MOTHER'S MAIDEN NAME <i>EARLENA HAMILTON</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>(MOTHER)</i>		ADDRESS <i>(SAME)</i>	
18. <i>491X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>BRONCHOPNEUMONIA</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <i>2</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1-11</i> , 1952, to <i>1-13</i> , 1952, that I last saw the deceased alive on <i>1-13</i> , 1952, and that death occurred at <i>9:10 Am.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Richard Berch</i>		23b. ADDRESS <i>Union Memorial Hospital</i>	
23c. DATE SIGNED <i>1-13-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Jan. 16, 1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Bel Air Memorial Garden</i>		24d. LOCATION (City, town, or county) (State) <i>Bel Air, Harford, Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>4 1952</i>		25. FUNERAL DIRECTOR <i>Howard R. W. Brown &amp; Son</i>	
VS 150		ADDRESS <i>Abingdon Md 107</i>	



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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0340

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JOHN E. BROWN

2. DATE  
OF  
DEATH

January 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore Life

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

In General

13. FATHER'S NAME

Thomas C. Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (if rural, give location)

207 W. Hamburg Street

8. DATE OF BIRTH

Sept-10-1892

9. AGE (In years last birthday)

52

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

14. MOTHER'S MAIDEN NAME

Laura Harris

17. INFORMANT

ADDRESS

Laura Harris 2201 Linbrook Ave

18. 581.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of the liver

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 10, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

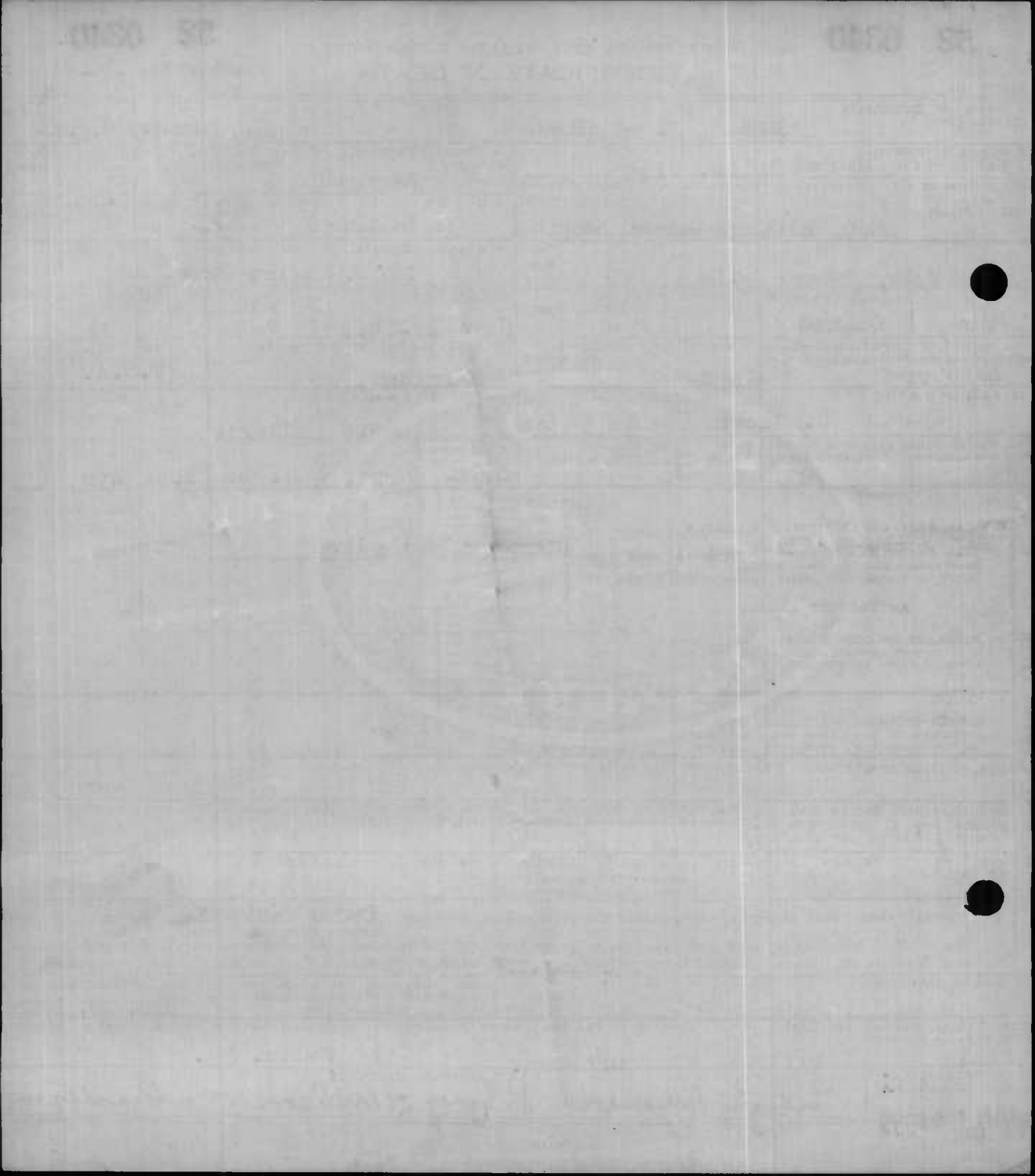
25. FUNERAL DIRECTOR

ADDRESS

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VS 151

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52	0341	BALTIMORE CITY HEALTH DEPARTMENT	52	0341
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.
1. NAME OF DECEASED (Type or Print)		PEARL ARMSTRONG		2. DATE OF DEATH Jan. 6, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 30 Yrs.		D. STREET ADDRESS (If rural, give location) 410 Laurens Street		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept-19-1896	9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unknown		
14. MOTHER'S MAIDEN NAME Unknown		15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) No		
16. SOCIAL SECURITY NO.		17. INFORMANT George Perry 148 S. Bond St		
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive and arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Stanley H. Dunbar M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED Jan. 7, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-14-1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore National
24D. LOCATION (City, town, or county) Baltimore Md		25. FUNERAL DIRECTOR Elroy S. Wilson 1000 Brantley Ave		
DATE RECEIVED BY LOCAL REGISTRAR JAN 14 1952		REGISTRAR'S SIGNATURE [Signature]		
VS 151 7208A 93D				

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FOR THE YEAR 1830

THE DEAN OF THE

CHURCH OF ST. JOHN

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632		B-636		DEATH CERTIFICATE CORRECTED 3/4/52 ES		52 0342	
BALTIMORE CITY HEALTH DEPARTMENT		BALTIMORE CITY HEALTH DEPARTMENT		BALTIMORE CITY HEALTH DEPARTMENT		BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. 52 0342		51-14612		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Gregory Bratches (Bratcher) J. Hill				2. DATE OF DEATH Jan. 11, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. STREET ADDRESS (If rural, give location) 327 N. Gilmore St.-23							
c. Length of stay in Baltimore Life				Yrs. Mos. Days			
5. SEX Male		6. COLOR OR RACE Negro		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 2, 1951	
9. AGE (in years last birthday) 6		10. UNDER 1 Year Months Days		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY			
13. FATHER'S NAME Howard Johnson				14. MOTHER'S MAIDEN NAME Dorothy Bratches (Bratcher)			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.			
17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue							
18. 571.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH Enteritis, necrotizing Enteritis, necrotizing congenital heart defects			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-4-52 to 1-11-52, that I last saw the deceased alive on 1-11-52, and that death occurred at 1:30 P. M., from the causes and on the date stated above.							
23A. SIGNATURE J. B. Rogers M. D.		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 1-13-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-14-52		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. Brooklyn Md		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR JAN 14 1952		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR		ADDRESS	

See Document File 52-0342  
3/4/52 ES



53952 0343

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0343

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William Bond

2. DATE  
OF  
DEATH

1-10/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

331 N. Calhoun St. Balto.

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, give RURAL and give township)

D. STREET ADDRESS (If rural, give location)

331 N. Calhoun St.

c. Length of stay in Baltimore

5. SEX Male 6. COLOR OR RACE Col. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

William H. Bond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Lola Bond

ADDRESS 703 W. L. ANKLE

18. 422.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocarditis, Cardiac Dilatation

ANTECEDENT CAUSES

(B) Chm. Gastritis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Smoker Bronchitis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from Dec 21, 1951, to Jan 10, 1952, that I last saw the deceased alive on Jan 8, 1952, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm R Boykin

23B. ADDRESS

1133 N. Monmouth

23C. DATE SIGNED

1-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 14 1952

Christington Williams

Mrs. Katie R. Williams

Schroeder St



3232 0344

52 0344

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FANNIE BATES

2. DATE  
OF  
DEATH

1-11-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

908 W. Mulberry St.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Female Col.

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Harrison Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

April 9, 1886

9. AGE (in years last birthday)

65

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Conway S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S M maiden NAME

Melissia

17. INFORMANT

John R. Bates 908 W. Mulberry St.

ADDRESS

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2/49, 19, to 1/11/52, 19, that I last saw the deceased alive on 1/10/52, 19, and that death occurred at 3:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Carr

M. D.

23B. ADDRESS

253 George St

23C. DATE SIGNED

1/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/15/1952

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Arbutus

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JAN 14 1952

REGISTRAR'S SIGNATURE

M. Williams

25. FUNERAL DIRECTOR

Mrs. Katie P. Williams

ADDRESS

3221 N. Schrock St

*Orestes*

1911/12 1912/13

11/10/11

152 0345

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0345  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print) JAMES ERVIN

2. DATE OF DEATH January 9, 1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTY

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)  
Provident Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

7. STREET ADDRESS (If rural, give location)  
1628 Delano Court

8. DATE OF BIRTH Oct. 10, 1904

9. AGE (In years last birthday) 47

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Laborer

11. BIRTHPLACE (State or foreign country)  
Blythe Ga.

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME  
James Ervin

14. MOTHER'S MAIDEN NAME  
Nellie Gough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT  
Willie Ervin

18. ADDRESS  
Delano Ct 1620

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
Bilateral bronchopneumonia

ANTECEDENT CAUSES  
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  
Terminal aspiration of vomitus

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE  
William J. Williams

23B. CHIEF MEDICAL EXAMINER  
M.D. ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED  
Jan. 10, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24B. DATE  
Jan 14, 1952

24C. NAME OF CEMETERY OR CREMATORY  
Mt. Auburn

24D. LOCATION (City, town, or county) (State)  
Baltimore Md.

25. FUNERAL DIRECTOR  
Mrs. J. R. Williams

25A. ADDRESS  
Schwartz

DATE RECEIVED BY LOCAL REGISTRAR  
JAN 14 1952

REGISTRAR'S SIGNATURE  
Wm. J. Williams

V S 151

97024

107

UNITED STATES OF AMERICA

THE STATE OF NEW YORK  
IN SENATE  
JANUARY 1880

REPORT  
OF THE  
COMMISSIONERS OF THE LAND OFFICE  
IN RESPONSE TO A RESOLUTION  
PASSED BY THE SENATE  
MAY 1879

ALBANY:  
J. B. LIPPINCOTT & CO. PRINTERS.  
1880



0032 0346

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0346  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

VANCE MURRAY

2. DATE  
OF  
DEATH

1-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hosp.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1328 W. LANVALE ST.

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SWITCHMAN

10B. KIND OF BUSINESS OR INDUSTRY

B+O R.R.

13. FATHER'S NAME

VANCE MURRAY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Harriott Hamilton

17. INFORMANT

Alden B. Murray

ADDRESS

1328 W. Lanvale

18. 578 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) G. I. HEMORRHAGE

DUE TO

ETIOLOGY UNDETERMINED

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.GAS BACILLUS INFECTION  
ABDOMINAL WALLINTERVAL BETWEEN  
ONSET AND DEATH

1 WK

2 DAYS

19A. DATE OF OPERATION

1-8-52

19B. MAJOR FINDINGS OF OPERATION

BLOOD IN G. I. TRACT

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-7, 1952, to 1-10, 1952, that I last saw the deceased alive on 1-10, 1952 and that death occurred at 8:30 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Leo M. Hahn

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

1-11-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

Mrs. Leticia B. Williams

ADDRESS

322 N. Schreder St.

VS 150

68150

123





350  
52 0347

52 0347

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>HORACE RICHARD HATTON</b>			2. DATE OF DEATH <b>1-10-52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSP. BALT. MD.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 23-01</b>		
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>1025 S. HOWARD ST</b>		
7. SEX <b>M</b>	8. COLOR OR RACE <b>NEGRO</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	10. DATE OF BIRTH <b>5/20/91</b>	11. AGE (In years last birthday) <b>60</b>	12. Under 1 Year Months: _____ Days: _____ 13. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <b>MD</b>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <b>GEORGE HATTON</b>			14. MOTHER'S MAIDEN NAME <b>HARRIET WILSON BERTHA HATTON</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes WWI</b>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>Bertha Hatton</b>			ADDRESS <b>1025 S. HOWARD ST</b>		
18. <b>153X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>INTESTINAL OBSTRUCTION 3 WKS.</b> DUE TO <b>ANTECEDENT CAUSES</b> <b>CARCINOMA OF SIGMOID</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>DIABETES</b>			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>12-30-51</b>		19B. MAJOR FINDINGS OF OPERATION <b>OBSTRUCTED BOWEL</b>		20. AUTOPSY? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) _____ OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-1-52</b> , 19____, to <b>1-10</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1-10</b> , 19 <b>52</b> , and that death occurred at <b>7:30 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Geo M. Hume</b>		23B. ADDRESS <b>University Hospital</b>		23C. DATE SIGNED <b>1-10-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan 14, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. LOCATION (State) <b>Md.</b>		25. FUNERAL DIRECTOR <b>Mrs. Katie Williams</b>	
DATE RECEIVED BY <b>JAN 14 1952</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Williams</b>		ADDRESS <b>322 N. Schroeder St</b>	

VS 150

97099

46E

1. Name of deceased: *John J. Smith*

2. Age: *45* years

3. Sex: *Male*

4. Date of death: *May 15, 1910*

5. Place of death: *New York City*

6. Cause of death: *Heart Disease*

7. Signature of physician: *Dr. J. H. Jones*

8. Signature of coroner: *John A. Smith*

9. Signature of registrar: *John A. Smith*

10. Signature of witness: *John A. Smith*

11. Signature of witness: *John A. Smith*

12. Signature of witness: *John A. Smith*

13. Signature of witness: *John A. Smith*

14. Signature of witness: *John A. Smith*

15. Signature of witness: *John A. Smith*

16. Signature of witness: *John A. Smith*

17. Signature of witness: *John A. Smith*

18. Signature of witness: *John A. Smith*

19. Signature of witness: *John A. Smith*

20. Signature of witness: *John A. Smith*

21. Signature of witness: *John A. Smith*

22. Signature of witness: *John A. Smith*

230  
0348

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0348

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Joseph Brady</i>			2. DATE OF DEATH <i>January 11/1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>17-01</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>817 Pennsylvania Ave.</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>10-9-01</i>	9. AGE (On years last birthday) <i>50</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LAUNDRYMAN</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>JEWEL LAUNDRY</i>		
11. BIRTHPLACE (State or foreign country) <i>MARYLAND</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>WILLIAM BRADY</i>			14. MOTHER'S MAIDEN NAME <i>ELLA ?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>?</i>			16. SOCIAL SECURITY NO. <i>MD</i>		
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>			ADDRESS <i>✓</i>		

18. <i>002X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>4 yrs.</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Pulmonary tuberculosis</i>	
ANTECEDENT CAUSES	(B) <i>(Carcinoma faciens during operation, cor pulmonale)</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>1-11-52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Pulmonary tuberculosis</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>1-9</i> , 1952 to <i>1-11</i> , 1952 that I last saw the deceased alive on <i>1-11</i> , 1952 and that death occurred at <i>4:20 p.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>David J. Saverton</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>11/2/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>1-16-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>MT. AUBURN CEM</i>
24D. LOCATION (City, town, or county) (State) <i>BALTIMORE Md.</i>	24E. FUNERAL DIRECTOR <i>WILLIAM JACKSON</i>	24F. ADDRESS <i>916 PENNA-AVE.</i>

JAN 14 1952

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53 0349		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 0349 Registered No. ---	
BIRTH NO. 51-24610					
1. NAME OF DECEASED (Type or Print) MOZELLA ARMWOOD		2. DATE OF DEATH Jan. 11, 1952			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02			
7. STREET ADDRESS (If rural, give location) 214 N. Pearl Street		8. DATE OF BIRTH Oct 22, 1951		9. AGE (In years last birthday) 2 10	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Paul Willis		14. MOTHER'S MAIDEN NAME Ida Ward			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Ida Armwood 214 N. Pearl St	
18. 391.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Otitis media, bilateral DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Bilateral ureteral valves and hydro-ureter					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Denescher M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Jan. 12, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1-15-52		24C. NAME OF CEMETERY OR CREMATORY St Peters	
24D. LOCATION (City, town, or county) (State) md		24E. FUNERAL DIRECTOR Geo. S. Gilmore		24F. ADDRESS 1303 Presstman St 89a	
DATE RECEIVED BY LOCAL REGISTRAR JAN 14 1952		REGISTRAR'S SIGNATURE		ADDRESS	





200  
0350BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0350

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

NATHANIEL McCoy

2. DATE  
OF DEATH Jan. 12, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

c. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

2112 Fulton Avenue

e. Length of stay in Baltimore

15 years.

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

May 16, 1914

9. AGE (In years  
last birthday)

37

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

labour

10b. KIND OF BUSINESS OR  
INDUSTRY

S

11. BIRTH PLACE (State or foreign country)

Pa

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel McCoy

14. MOTHER'S MAIDEN NAME

Annie Brummell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Annie McCoy 1311 N. Strickland

18. 023 X I

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Luetic heart disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Stanley H. Durlacher M.D.

23b. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....23c. DATE SIGNED  
Jan. 12, 195224a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

1-16-52

24c. NAME OF CEMETERY OR CREMATORY

Mt Zion

24d. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 14 1952

William H. Williams

E. S. Johnson

30 E

VS 151

97099 1303 Brustman st

0020 SP

0020

220  
0351BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0351

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Anthony Ruszkiewicz		Jan 11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
Balto.		A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write "U.R.A." and give township)	
3002 Overland Ave		Balto. 27-02	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
48 yrs.		3002 Overland Ave	
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH
Male	White	Married	Dec. 13 1869
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday)	
Grocery Store self		82	
13. FATHER'S NAME		14. BIRTHPLACE (State or foreign country)	
Matthew Ruszkiewicz		LITHUANIA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
No		U.S.A.	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME	
None		Ludovika ?	
19. INFORMANT		ADDRESS	
Madeline Ruszkiewicz		3002 Overland Ave	

18. 151X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma of colon with liver involvement	
ANTECEDENT CAUSES	(B) Arteriosclerotic C.V.D.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
22. TIME (Month) (Day) (Year) (Hour)	22E. INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
INJURY	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from Dec. 1951 to January, 1952 that I last saw the deceased alive on Jan 10, 1952 and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE J. Henry Glass M.D. M.D. 23B. ADDRESS 4218 Hayal Rd. 23C. DATE SIGNED 1-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 1-15-52 24C. NAME OF CEMETERY OR CREMATORY HOLY CROSS CEMETERY 24D. LOCATION (City, town, or county) (State) GERMAN HILL RD MD.

DATE RECEIVED BY LOCAL REGISTRAR JAN 14 1952 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR [Signature] ADDRESS 1800 E. Lombard St

Dr. Hass

4218 Harford Rd

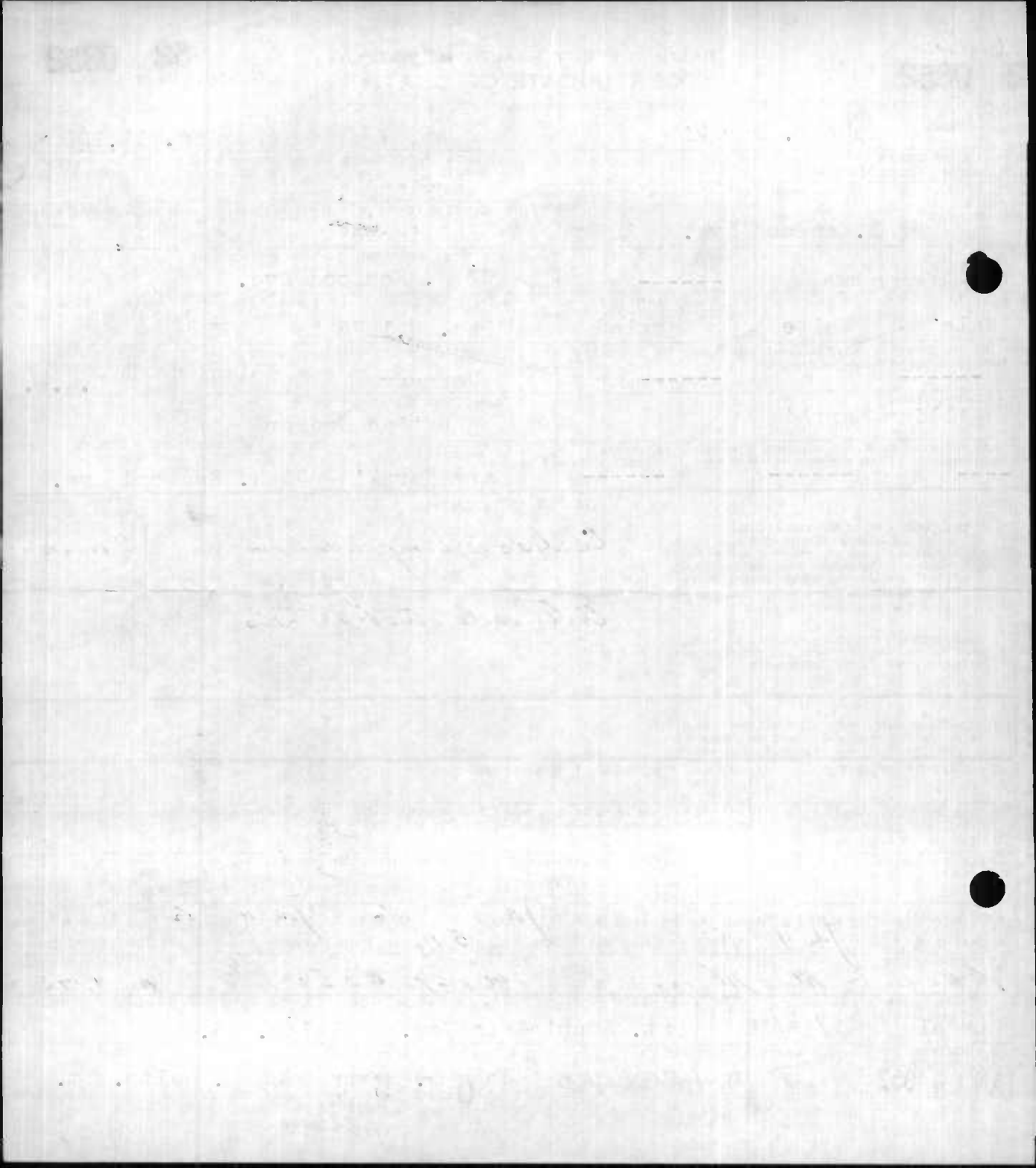
**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 0352  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>John T. Marski</b>			2. DATE OF DEATH <b>Jan. 11, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>6-01</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>33 N. Kenwood Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore ----- Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>33 N. Kenwood Ave.</b>		
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Dec. 9, 1878</b>	11. AGE (In years last birthday) <b>73</b>	12. <input type="checkbox"/> Under 1 Year Months: _____ Days: _____ <input type="checkbox"/> Under 24 Hours Hours: _____ Min: _____
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----			14. KIND OF BUSINESS OR INDUSTRY -----		
15. FATHER'S NAME <b>William Marski</b>			16. MOTHER'S MAIDEN NAME <b>Justine Drager</b>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -----			18. SOCIAL SECURITY NO. -----		
19. INFORMANT <b>Mary Marski</b>			20. ADDRESS <b>33 N. Kenwood Ave.</b>		
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  <b>420.0 I</b> <b>CAUSE OF DEATH</b> (A) <b>Cardiac Decompensation</b> DUE TO (B) <b>Arteriosclerotic Heart Disease</b> DUE TO (C) _____  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			22. INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>		
23. DATE OF OPERATION <b>0</b>		24. MAJOR FINDINGS OF OPERATION		25. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		27. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
29. TIME (Month) (Day) (Year) (Hour) OF INJURY		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		31. HOW DID INJURY OCCUR?	
32. I hereby certify that I attended the deceased from <b>Jan 2</b> , 19 <b>52</b> , to <b>Jan 11</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Jan 11</b> , 19 <b>52</b> , and that death occurred at <b>5:15 p. m.</b> , from the causes and on the date stated above.					
33. SIGNATURE <b>Charles E. MacMurray</b> M. D.			34. ADDRESS <b>2907 E. Balto St.</b>		35. DATE SIGNED <b>Jan 14, 1952</b>
36. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		37. DATE <b>1/15/52</b>	38. NAME OF CEMETERY OR CREMATORY <b>St. Stanislaus Cem.</b>		39. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>
40. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 14 1952</b>		41. REGISTRAR'S SIGNATURE <b>Wm. J. Williams</b>		42. FUNERAL DIRECTOR <b>John A. Moran</b>	
				43. ADDRESS <b>3000 E. Balto. St.</b>	

*Hedewes*

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415  
52 0353BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0353

1. NAME OF DECEASED (Type or Print) <i>J. Harry Philbin</i>		2. DATE OF DEATH <i>1/12/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE _____ B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Union Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-06</i>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>2625 N. Charles St. 18</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>Oct 12 - 1876</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Thomas Philbin</i>		14. MOTHER'S MAIDEN NAME <i>Mary McGowan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Wife</i>		ADDRESS <i>Sauce</i>	
18. <i>420.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <i>Arteriosclerotic Heart disease</i>  INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE OLD INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1/12/52</i> , 19__, to <i>1/12/52</i> , 19__, that I last saw the deceased alive on <i>1/12/52</i> , 19__ and that death occurred at <i>7:45 p. m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>James A. Ford</i>		23B. ADDRESS <i>Union Memorial Hosp.</i>	
23C. DATE SIGNED <i>1-12-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>1/15/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>LODGE PARK CEM.</i>		24D. LOCATION (City, town, or county) (State) <i>BALTO MD.</i>	
DATE RECEIVED BY <i>JAN 14 1952</i>		REGISTRAR'S SIGNATURE <i>Charles F. Egan</i>	
VS 150		25. FUNERAL DIRECTOR <i>CHARLES F. EGAN &amp; SONS</i>	
		ADDRESS <i>118 W. Mt. Royal Ave.</i>	

MEDICAL CERTIFICATION

937



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DEPARTMENT OF HEALTH

1930 12

600  
52 0354BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0354

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM MORROW		2. DATE OF DEATH 1/11/52	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 1718 Normal Ave.		6. CITY OR TOWN Balto Md	
7. LENGTH OF STAY IN BALTIMORE life		8. STREET ADDRESS (If rural, give location) 1718 Normal Ave.	
9. SEX M	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH Oct. 20 1868
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman		14. KINO OF BUSINESS OR INDUSTRY Balto City	15. AGE (In years last birthday) 83
16. FATHER'S NAME Geo. G. Morrow		17. MOTHER'S MAIDEN NAME Roberta Skinner	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		19. SOCIAL SECURITY NO. none	
20. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		21. INFORMANT Mary E Morrow	
22. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Atherosclerosis DUE TO		23. INTERVAL BETWEEN ONSET AND DEATH Six years Ten years	
24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
26. DATE OF OPERATION None		27. MAJOR FINDINGS OF OPERATION	
28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		29. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
30. WHERE DID INJURY OCCUR?		(If in Baltimore City, give exact location)	
31. TIME (Month) (Day) (Year) (Hour) OF INJURY		32. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
33. HOW DID INJURY OCCUR?			
34. I hereby certify that I attended the deceased from Jan. 3, 1942, 1942, to Jan. 11, 1952, that I last saw the deceased alive on Jan. 11, 1952, and that death occurred at 5:45 P. M., from the causes and on the date stated above.			
35. SIGNATURE Frank W. Oyster		36. ADDRESS 2701 N. Calvert St.	
37. DATE OF SIGNATURE Jan. 19, 1952		38. OATE SIGNED	
39. BURIAL, CREMATION, REMOVAL (Specify) Burial		40. DATE 1/14/52	
41. NAME OF CEMETERY OR CREMATORY Moreland Mem. Cem		42. LOCATION (City, town, or county) Balto Co Md	
43. DATE RECEIVED BY LOCAL REGISTRAR JAN 14 1952		44. REGISTRAR'S SIGNATURE Charles F. Evans	
45. FUNERAL DIRECTOR Charles F. Evans & Son		46. ADDRESS 118 W. Mt. Royal Ave.	

2701 N. Calvert.

B-9573

2/11

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **0355**

**160**  
**52 0355**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Margaret Keefen</i>			2. DATE OF DEATH <i>January 10/1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>14-01</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>1535 Park Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>4-8-83</i>	9. AGE (In years last birthday) <i>68</i>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME <i>Joseph Keefen</i>		
14. MOTHER'S MAIDEN NAME <i>Mary Allen</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>490X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pneumonia - left upper lobe</i> DUE TO <i>etiological organism undetermined</i>		INTERVAL BETWEEN ONSET AND DEATH <i>approx 3 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive Arteriosclerotic Cardiovascular Disease with heart failure</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>several years</i>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>1-9</i> , 1952 to <i>1-10</i> , 1952 that I last saw the deceased alive on <i>1-10</i> , 1952, and that death occurred at <i>8:15 P.M.</i> , from the causes and on the date stated above.				
23A. SIGNATURE <i>Dudley P. Jackson</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>1/11/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>1/15/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>NEW CATHEDRAL</i>	24D. LOCATION (City, town, or county) (State) <i>BALTIMORE</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 14 1952</i>		REGISTRAR'S SIGNATURE <i>Charles G. Evans &amp; Son</i>		
VS 150		25. FUNERAL DIRECTOR ADDRESS <i>118 W. Mt Royal Ave</i>		

MEDICAL CERTIFICATION

*108*



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0356

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0356  
Registered No. ---

1. NAME OF DECEASED (Type or Print) <b>PATRICK E. FARLEY</b>			2. DATE OF DEATH <b>1/11/52</b>		
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Md</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>417 W 24th St.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto</b>		
6. Length of stay in Baltimore <b>life</b>			D. STREET ADDRESS (If rural, give location) <b>417 W 24th St.</b>		
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	10. DATE OF BIRTH <b>Sept 21, 1893</b>	11. AGE (In years, last birthday) <b>58</b>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>clerk</b>			14. KIND OF BUSINESS OR INDUSTRY <b>Water Dept. City</b>		
15. BIRTHPLACE (State or foreign country) <b>Maryland</b>			16. CITIZEN OF WHAT COUNTRY?		
17. FATHER'S NAME <b>Frank Farley</b>			18. MOTHER'S MAIDEN NAME <b>Margret Murray</b>		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>			20. SOCIAL SECURITY NO. <b>218-07-5777</b>		
21. INFORMANT <b>James Farley</b>			22. ADDRESS <b>2903 Huntingdon Ave.</b>		

18. <b>502.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) <b>Cardio-Respiratory Failure.</b> DUE TO (A) <b>Cardio-Respiratory Failure.</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <b>Pulmonary emphysema</b> <b>Chronic Bronchitis</b> <b>Cold Pulmonary</b>		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1, 1952, to Jan 11, 1952, that I last saw the deceased alive on Jan 11, 1952, and that death occurred at 11:45 pm., from the causes and on the date stated above.

23A. SIGNATURE <b>William J. Ryan M.D.</b>		23B. ADDRESS <b>4605 Edmonds Ave</b>		23C. DATE SIGNED <b>13 Jan 52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/15/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Texas</b>	
24D. LOCATION (City, town, or county) <b>Balto Co. Md.</b>		(State)			

DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 14 1952</b>		REGISTRAR'S SIGNATURE <b>Chas F. Evans</b>		25. FUNERAL DIRECTOR <b>CHAS F. EVANS SON</b>		ADDRESS <b>118 W. Mt. Royal Ave</b>	
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0357BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

X Registered No. 52 0357

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MRS MARY F. McGARRY		JAN 11, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland 3169 E. BALTIMORE ST		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY BALTO.	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) PRIVATE HOME		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY 10th	
6. Length of stay in Baltimore 64 YRS		D. STREET ADDRESS (If rural, give location) 519 CHESTNUT AVE #4	
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH Nov 20 1887
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-KEEPER	12. KIND OF BUSINESS OR INDUSTRY House-KEEPER	13. BIRTHPLACE (State or foreign country) BALTIMORE, Md	14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. FATHER'S NAME MR THOMAS GATELY		16. MOTHER'S MAIDEN NAME	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		18. SOCIAL SECURITY NO. NONE	
19. ADDRESS MRS MARY L. HUBBARD 519 CHESTNUT AVE		20. INTERVAL BETWEEN ONSET AND DEATH ?	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO Anoxemia		22. ANTECEDENT CAUSES DUE TO Congestive Heart Failure	
23. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		24. CAUSE OF DEATH (A) (B) (C)	
25. DATE OF OPERATION NONE		26. MAJOR FINDINGS OF OPERATION NONE	
27. ACCIDENT, SUICIDE, HOMICIDE (Specify) NONE		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) NONE	
29. WHERE DID INJURY OCCUR? NONE		30. TIME (Month) (Day) (Year) (Hour) NONE	
31. INJURY OCCURRED NONE		32. HOW DID INJURY OCCUR? NONE	
33. I hereby certify that I attended the deceased from 11 January, 1952, to 11 January, 1952, that I last saw the deceased alive on 11 Jan, 1952, and that death occurred at 6:05 p.m., from the causes and on the date stated above.			
34. SIGNATURE Charles P. Quincy		35. ADDRESS 2732 E. Monument St	
36. DATE 1/15/52		37. DATE SIGNED 11 Jan 1952	
38. NAME OF CEMETERY OR CREMATORY New Cathedral		39. LOCATION (City, town, or county) Baltimore Md.	
40. DATE RECEIVED BY LOCAL REGISTRAR JAN 14 1952		41. REGISTRAR'S SIGNATURE CHAS F EVANS & SON	
42. FUNERAL DIRECTOR CHAS F EVANS & SON		43. ADDRESS 118 W. Mt. Royal ave	

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CERTIFICATE OF DEATH

MR. MARY E. MC GARRY

WIFE OF JAMES E. MC GARRY

DECEASED

WIFE OF JAMES E. MC GARRY

OF THE COUNTY OF CHESTER

DECEASED

WIFE OF JAMES E. MC GARRY

DECEASED

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0358BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0358

1. NAME OF DECEASED (Type or Print) <i>Mary Cumpton Cowman</i>		2. DATE OF DEATH <i>1/12/52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>332 Calvert</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Quinn Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>	
6. Length of stay in Baltimore <i>40 years</i>		D. STREET ADDRESS (If rural, give location) <i>2406 St Paul Street</i>	
7. SEX <i>F</i>	8. COLOR OR RACE <i>W</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	10. DATE OF BIRTH <i>Apr. 3 - 1879</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Richard Henry Cumpton</i>		14. MOTHER'S MAIDEN NAME <i>Anna Ramsey</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Cowman, Sr. (husband)</i>		ADDRESS <i>Balto.</i>	
18. <i>153 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Generalized G. of sigmoid</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1/7/52</i> , 19 <i>52</i> , to <i>1/12/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1/12/52</i> , and that death occurred at <i>10:05</i> a.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>James A. Ford</i>		23B. ADDRESS <i>Quinn Memorial Hospital 1-12-52</i>	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY <i>Gruid Ridge</i>		24D. LOCATION (City, town, or county) (State) <i>Pikesville Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR ADDRESS	
JAN 14 1952		<i>Stewart Morrell Balto.</i>	
VS 150		46E	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0359

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Frank Fabiszak

2. DATE  
OF  
DEATH

1/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

Sinai Hosp

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

8/20/93

9. AGE (in years  
last birthday)

38

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Extract Miner

10B. KIND OF BUSINESS OR  
INDUSTRY

Extract Co.

13. FATHER'S NAME

Henry Fabiszak

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

14. MOTHER'S MAIDEN NAME

Mary Janbowiak

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

No

16. SOCIAL  
SECURITY NO.

215-03-9834

17. INFORMANT

ADDRESS

Fronia Fabiszak 2014 E. Lombard

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

Massive G. D. bleeding

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Gastric ulcer

DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATHII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

ASHCUI

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐ NOT WHILE

WORK

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10/52, 1952, to 1/12, 1952, that I last saw the  
deceased alive on 1/12, 1952 and that death occurred at 9:22 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 14 1952

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MEDICAL CERTIFICATION

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0360BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0360

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Little, John Richard

2. DATE  
OF  
DEATH

January 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

St. Joseph's

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

M.

W.

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Can Maker

10B. KIND OF BUSINESS OR INDUSTRY

Pan Decorating Co

13. FATHER'S NAME

Edward T. Little

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Tola Smith 1230 N. Decker Ave

18. 334X I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cerebral Vascular

DUE TO

Dissect

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 8, 1952, to January 13, 1952, that I last saw the deceased alive on Jan. 13, 1952, and that death occurred at 10:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

E. P. Coffey Jr.

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

Jan. 13, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1/16/52

24C. NAME OF CEMETERY OR CREMATORY

Balto

24D. LOCATION (City, town, or county)

Balto, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Anthony J. Williams

25. FUNERAL DIRECTOR

ADDRESS

404 Goss Ave. 1217 St. Paul St.

VS 150

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CONFIDENTIAL

1. The purpose of this document is to provide information on the status of the project.

2. The project is currently in the planning stage and is expected to be completed by the end of the year.

3. The project is being managed by the Project Management Office (PMO) and is being funded by the Department of Defense.

4. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

5. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

6. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

7. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

8. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

9. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

10. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

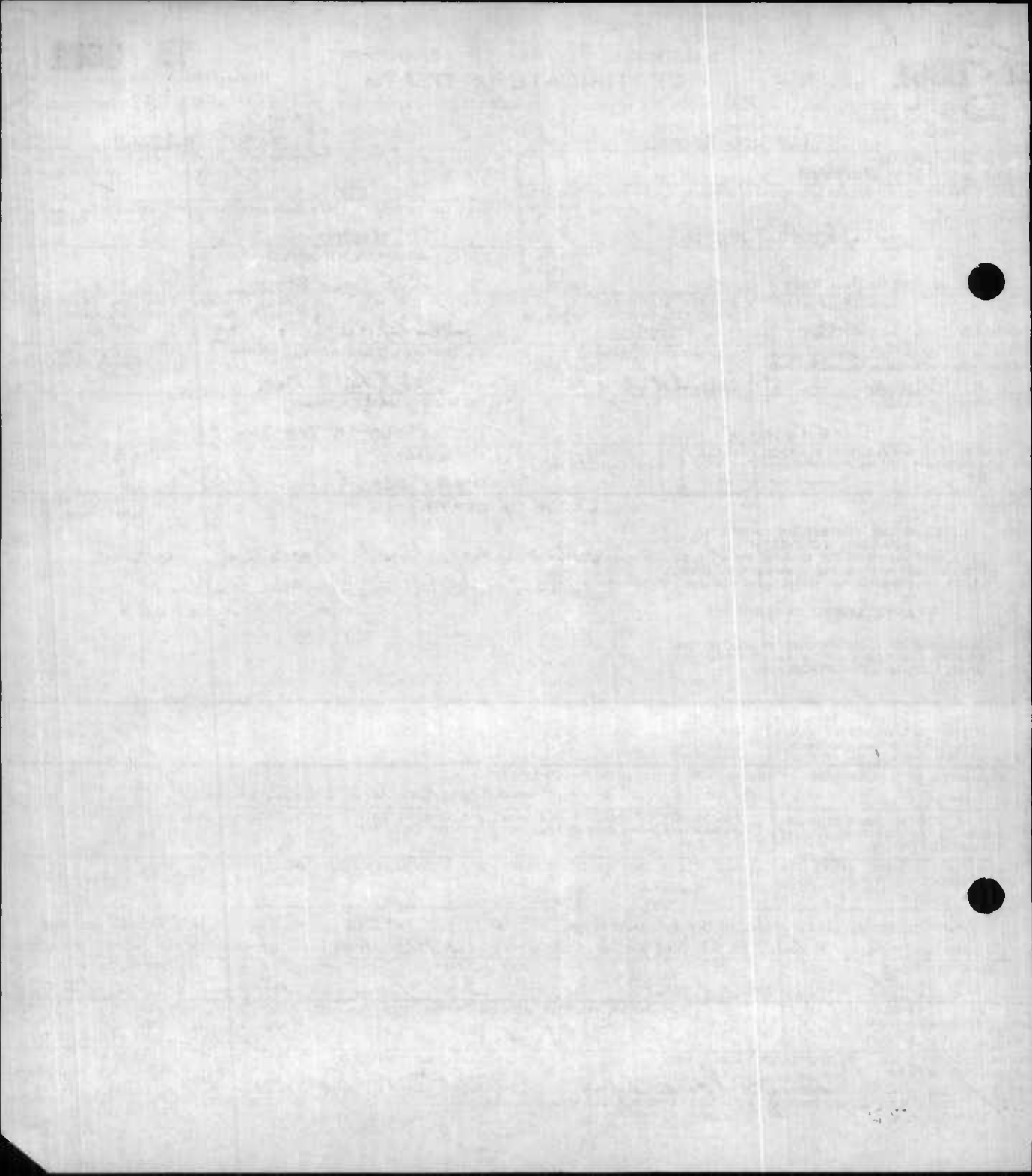
11. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

12. The project is being implemented in a phased manner and is expected to be completed by the end of the year.

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02 0361BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0361  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Clarence Roesch</b>		2. DATE OF DEATH <b>1-12-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Agnes Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2618 Cole Street</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>8-28-1900</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bricklayer</b>		12. AGE (In years last birthday) <b>51</b>	
13. FATHER'S NAME <b>Frank Roesch</b>		14. MOTHER'S MAIDEN NAME <b>Victoria Taetler</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Agnes Roesch</b>		ADDRESS <b>2618 Cole St</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>193x</b>		CAUSE OF DEATH (A) <b>Increased intracranial pressure</b> DUE TO <b>Spongionblastoma multiforme (malignant)</b> (B) DUE TO (C)	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>1-11-52</b>		19B. MAJOR FINDINGS OF OPERATION <b>Increased i. cranial pressure + tumor</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-10</b> , 1952, to <b>1-12</b> , 1952, that I last saw the deceased alive on <b>1-12</b> , 1952, and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>George Elton</b>		23B. ADDRESS <b>St Agnes Hospital</b>	
23C. DATE SIGNED <b>1-12-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/16/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Cathedral</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
25. FUNERAL DIRECTOR <b>Wm. Cook Inc.</b>		ADDRESS <b>1217 St. Paul St.</b>	

MEDICAL CERTIFICATE



550  
0362BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered 52 0362

1. NAME OF DECEASED (Type or Print) <b>FRITZ A. BEMMANN</b>		2. DATE OF DEATH <b>1-13-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Ma.</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>4100 Parkside Drive</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto. 27-01</b>	
D. STREET ADDRESS (If rural, give location) <b>4100 Parkside Drive</b>		E. DATE OF BIRTH <b>9/19/1878</b> 9. AGE (in years last birthday) <b>73</b>	
F. COLOR OR RACE <b>White</b>		G. MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
H. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Jeweler</b>		I. KIND OF BUSINESS OR INDUSTRY <b>Own</b>	
J. FATHER'S NAME <b>Robert Bemann</b>		K. BIRTHPLACE (State or foreign country) <b>Germany</b>	
L. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		M. SOCIAL SECURITY NO. <b>214-01-9684</b>	
N. INFORMANT <b>Helena Bemann</b>		O. ADDRESS <b>4100 Parkside Dr.</b>	

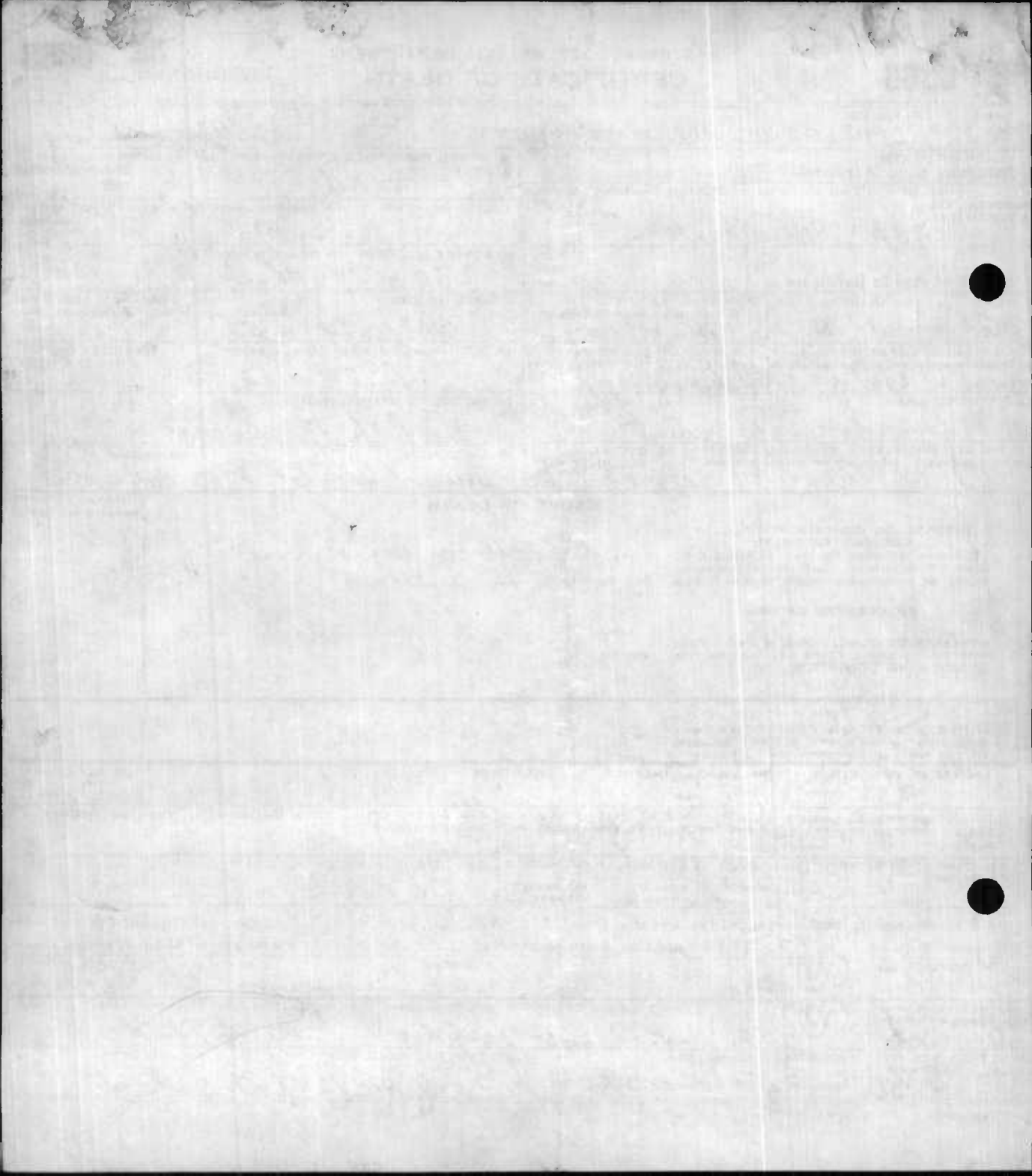
18. <b>443X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertensive Cardiovascular Disease</b>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Inspection + Inquiry</b> from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>					
23A. SIGNATURE <b>Francis J. Januszko</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>1-13-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/16/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Meadow Ridge</b>	
24D. LOCATION (City, town, or county) (State) <b>Dorsey Md.</b>		25. FUNERAL DIRECTOR <b>40-003 Inc. 1217 St. Paul st.</b>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 14 1952</b>		REGISTRAR'S SIGNATURE <b>W. H. Williams</b>			

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52 0363		BALTIMORE CITY HEALTH DEPARTMENT		52 0363	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) CHARLES EDWARD TRIPLETT		2. DATE OF DEATH 1/13/52 10:30 a.m.			
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md b. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2803 Matthews St.		c. CITY OR TOWN (If outside corporate limits, write FULL NAME and give township) Balto 9-04			
6. Yrs. Mos. Days c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 2803 Matthews St.			
7. SEX Male		8. COLOR OR RACE White		9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10. a. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <i>Tractor Operator</i>		10. b. KIND OF BUSINESS OR INDUSTRY <i>Eastern Highway Corp</i>		8. DATE OF BIRTH 12/31/1899	
11. BIRTHPLACE (State or foreign country) Balto Md.		9. AGE (in years last birthday) 52		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edward J. Triplett		14. MOTHER'S MAIDEN NAME Sarah K. Dean		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes	
16. SOCIAL SECURITY NO. 217-09-1265		17. INFORMANT Mary L. Triplett		ADDRESS 2803 Matthews St.	
18. 181X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) metastatic Adenocarcinoma of the Utricle			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-5, 1952, to 1-13, 1952, that I last saw the deceased alive on 1-13 AM, 1952, and that death occurred at 10:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Jerome Gaber		23B. ADDRESS 1104 E. Calvering Lane		23C. DATE SIGNED 1/13/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/16/52		24C. NAME OF CEMETERY OR CREMATORY St. Marys-Hannden	
24D. LOCATION (City, town, or county) Balto, Md.		24E. FUNERAL DIRECTOR 10th Corp. Inc. 1217 St. Paul St.		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JAN 14 1952		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
VS 150		513 24		52c	





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0364

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0364

1. NAME OF DECEASED (Type or Print) <i>Kathryn Petersen</i>		2. DATE OF DEATH <i>1-12-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Md</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Baltimore Md.</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Swai Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore - Md Rural</i>	
6. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>7418 Old Battle Horse Road</i>	
7. SEX <i>F.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>1-30-34</i>
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10. KIND OF BUSINESS OR INDUSTRY <i>none</i>	9. AGE (In years last birthday) <i>17</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore -</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Arnold F. Petersen</i>		14. MOTHER'S MAIDEN NAME <i>Marie M. Weigmann</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (es, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>same address</i>	
17. INFORMANT <i>Arnold F. Petersen</i>		ADDRESS <i>same address</i>	

18. <i>59 x 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i>		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic Glomerulonephritis</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-5-1952</i> , 19 <i>52</i> , to <i>1-12</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>1-12</i> , 19 <i>52</i> , and that death occurred at <i>8:46</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Spencer</i>		23B. ADDRESS <i>Swai Hospital</i>		23C. DATE SIGNED <i>1-12-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-16-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Sacred Heart</i>	
24D. LOCATION (City, town, or county) <i>Balto - Md.</i>		24E. STATE <i>Md.</i>		24F. COUNTY <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 14 1952</i>		REGISTRAR'S SIGNATURE <i>William H. Williams</i>		25. FUNERAL DIRECTOR <i>Lillian Zelnick</i>	
VS 150		ADDRESS <i>403 S. Wolfe St.</i>		131B	

*[Faint, mostly illegible handwritten text, possibly a legal document or ledger entry. Some words like "Warrant" and "County" are faintly visible.]*

250  
0365BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0365

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Marie Magann

2. DATE  
OF  
DEATH

1-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

6581 St. Helena Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto - Md 26-36

6. STREET ADDRESS (If rural, give location)

6581 St. Helena Ave

7. Length of stay in Baltimore

Life

8. SEX 9. COLOR OR RACE 10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

F.

W.

Widowed

11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

12. KIND OF BUSINESS OR INDUSTRY

Housewife

13. FATHER'S NAME

Patrick Murphy

14. BIRTHPLACE (State or foreign country)

Maryland

15. CITIZEN OF WHAT COUNTRY?

U.S.A.

16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or oookooow)

17. SOCIAL SECURITY NO.

18. INFORMANT ADDRESS

Many C. Magann - Same

19. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) .....

DUE TO

Myocarditis, acute  
arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

1 month

5 years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

23. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

24. HOW DID INJURY OCCUR?

25. I hereby certify that I attended the deceased from Jan. 1947, to Jan 13, 1952, that I last saw the deceased alive on Jan 12, 1952, and that death occurred at 7A m., from the causes and on the date stated above.

26A. SIGNATURE

Rand H. Andrew

M. D.

27B. ADDRESS

33 Randolph Ave. Randall

28C. DATE SIGNED

Jan 14, 1952

29A. BURIAL, CREMATION, REMOVAL (Specify)

29B. DATE

1-15-52

29C. NAME OF CEMETERY OR CREMATORY

Moreland Park

29D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

Leflye, George - 4035 Wolfe St.

VS 150

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8800 ST

UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

8800

STATE OF TEXAS

OFFICE OF THE  
COMMISSIONER OF AGRICULTURE  
AND MECHANICAL INDUSTRIES  
DALLAS, TEXAS

252

0366

BIRTH NO. 52-00288

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52-0366

1. NAME OF DECEASED (Type or Print) <b>Baby Girl, McGinnis</b>			2. DATE OF DEATH <b>1/7/52</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore, 12</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, 12</b>		
C. Length of stay in Baltimore <b>1 day</b>			D. STREET ADDRESS (If rural, give location) <b>362 E. Belvedere Avenue</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>1/7/52</b>	9. AGE (In years last birthday) <b>1 day</b>	10. Under 1 Year Months: Days: <b>1 day</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>	
13. FATHER'S NAME <b>James Douglas McGinnis</b>			12. CITIZEN OF WHAT COUNTRY? <b>Baltimore</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>			14. MOTHER'S MAIDEN NAME <b>Mary Jane Richards</b>		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS		

18. <b>762.5 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Atelectasis</b> DUE TO ANTECEDENT CAUSES <b>Prematurity</b> DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>1/7/52</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/7</b> , 1952 to <b>1/7</b> , 1952, that I last saw the deceased alive on <b>1/7</b> , 1952, and that death occurred at <b>6:12 p.m.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>William F. Baldwin</b>		23B. ADDRESS <b>1400 N. Caroline St.</b>		23C. DATE SIGNED <b>1/7/52</b>	
24A. BURIAL, CREMATION REMOVAL (Specify) <b>Buried</b>		24B. DATE <b>1-17-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Balto Md</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. FUNERAL DIRECTOR <b>L. J. Ryck</b>		24F. ADDRESS <b>5305 Harford</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 14 1952</b>		REGISTRAR'S SIGNATURE <b>W. J. Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>5305 Harford</b>	

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300 0367		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		Registered No. 52 0367	
IRTH NO.		NAME OF DECEASED Type or Print		2. DATE OF DEATH	
		WALTER E. BOYD SR		1-12-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 27-06			
6. 5405 Morello Rd		D. STREET ADDRESS (If rural, give location) 5405 Morello Rd.			
7. SEX male		8. DATE OF BIRTH Nov. 5-1899		9. AGE (in years last birthday) 52	
10. COLOR OR RACE white		11. BIRTHPLACE (State or foreign country) Atlanta Georgia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Walter C. Boyd		14. MOTHER'S MAIDEN NAME Emmie Stafford			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-14-1687		17. INFORMANT ADDRESS Mrs Mary E Boyd - same	
18. 420.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary Occlusion			
ANTECEDENT CAUSES		(B) Degenerative Heart Disease			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>		23A. SIGNATURE Francis J. Jamoretti M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/> 1-13-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 12-10-52		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. DATE RECEIVED BY LOCAL REGISTRAR JAN 14 1952		24E. REGISTRAR'S SIGNATURE Huntington Williams, M.D.		24F. LOCATION (City, town, or county) (State) Balto Md	
24G. VS 151		24H. FUNERAL DIRECTOR L J Bick		24I. ADDRESS 5305 Bayford	
		554 71		93D ✓	



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600  
2 0368BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0368  
Registered No. -

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Grace M. Murray.		Jan. 13, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3212 Walbrook Ave.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 15-06	
7. Length of stay in Baltimore life		8. STREET ADDRESS (If rural, give location) 3212 Walbrook Ave.	
9. SEX female	10. COLOR OR RACE white	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	12. DATE OF BIRTH Oct. 30, 1888
13. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Composer of		14. KIND OF BUSINESS OR INDUSTRY Music	
15. FATHER'S NAME James A. Murray,		16. MOTHER'S MAIDEN NAME Susan Bein,	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no		18. SOCIAL SECURITY NO. none	
19. ADDRESS Miss M. Catherine Murray, 3212 Walbrook Ave.		20. CITIZEN OF WHAT COUNTRY? U.S.A.	
21. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Sclerosis Hypertensive Arteriosclerosis Vascular disease INTERVAL BETWEEN ONSET AND DEATH			
22. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION		24. MAJOR FINDINGS OF OPERATION	
25. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		26. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		28. TIME (Month) (Day) (Year) (Hour)	
29. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		30. HOW DID INJURY OCCUR?	
31. I hereby certify that I attended the deceased from Jan 2, 1952, to Jan 13, 1952, that I last saw the deceased alive on Jan 13, 1952, and that death occurred at 2:15 A. M., from the causes and on the date stated above.			
32. SIGNATURE M. D.		33. ADDRESS 3035 West North Ave.,	
34. DATE Jan. 16, 1952		35. DATE SIGNED Jan. 1952	
36. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery,		37. LOCATION (City, town, or county) (State) Baltimore, Md.	
38. DATE RECEIVED BY LOCAL REGISTRAR JAN 14 1952		39. REGISTRAR'S SIGNATURE Huntington Williams	
40. FUNERAL DIRECTOR'S ADDRESS 4611 Park Heights Ave.		41. SIGNATURE Almon Lemon	

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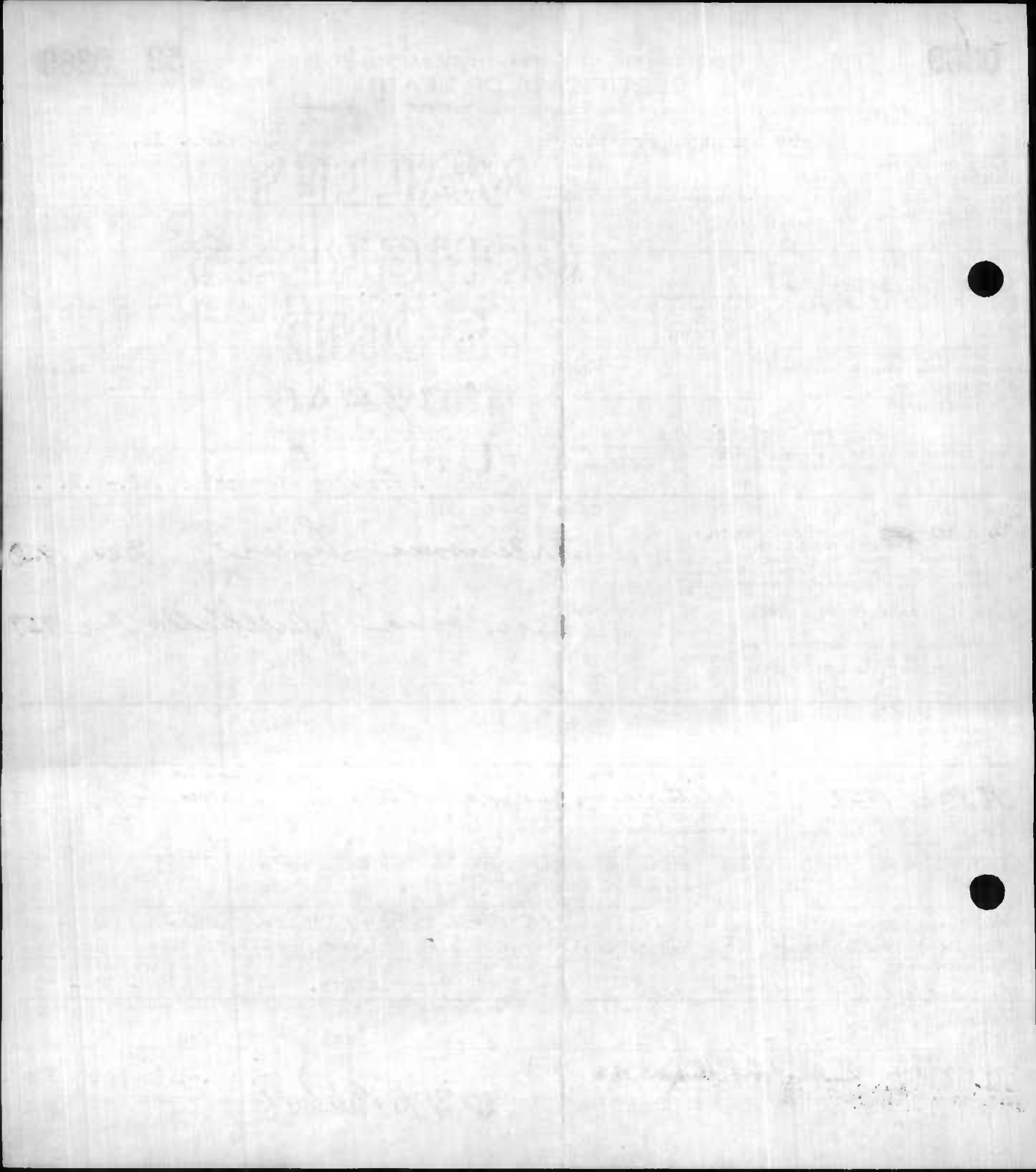
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51  
0369BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0369

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Mary Straughn Frampton		Jan. 12, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY <i>Baroline</i>	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 3111 Presbury St.		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greensboro	
7. STREET ADDRESS (If rural, give location) R. F. D. 1		8. DATE OF BIRTH Nov. 21, 1882	
9. AGE (In years last birthday) 68		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
11. BIRTHPLACE (State or foreign country) Easton, Maryland		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. MOTHER'S MAIDEN NAME Susan Middleton		14. INFORMANT James E. Frampton	
15. ADDRESS Greensboro, Md.-R.F.D. 1		16. SOCIAL SECURITY NO.	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		18. SOCIAL SECURITY NO.	
19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH I 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Carcinoma Liver</i> (B) <i>Carcinoma of Gallbladder</i> (C) <i>Dec 1950</i> INTERVAL BETWEEN ONSET AND DEATH 8 Dec, 1950 II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. DATE OF OPERATION 18 Dec 1950		22. MAJOR FINDINGS OF OPERATION <i>Carcinoma</i> <i>Cholelithiasis, cholecholelithiasis, of Gallbladder</i>	
23. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		24. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
25. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		26. TIME (Month) (Day) (Year) (Hour) OF INJURY	
27. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		28. HOW DID INJURY OCCUR?	
29. I hereby certify that I attended the deceased from 19 Nov, 1951, to 12 Jan, 1952, that I last saw the deceased alive on 12 Jan, 1952, and that death occurred at 7 P. M., from the causes and on the date stated above.		30. SIGNATURE <i>Bradley L. Humphreys MD</i>	
31. ADDRESS 1264 Francis Ave.		32. DATE SIGNED 1 - 14 - 52	
33. BURIAL, CREMATION, REMOVAL (Specify) Burial		34. DATE 1 - 15 - 52	
35. NAME OF CEMETERY OR CREMATORY Spring Hill		36. LOCATION (City, town, or county) (State) Easton, Maryland	
37. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		38. ADDRESS 1900 Eutaw Place	



600  
2 0370BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0370

1. NAME OF DECEASED (Type or Print) John Murray Sr				2. DATE OF DEATH 1-11-52			
3. PLACE OF DEATH: Baltimore City, Maryland City				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY X			
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 2834 Denham Circle				C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 2834 Denham Circle			
6. SEX male		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 2, 1891			
9. AGE (In years, last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY Butcher		11. BIRTHPLACE (State or foreign country) Baltimore, Md			
12. CITIZEN OF WHAT COUNTRY? Not Known		13. FATHER'S NAME Not Known		14. MOTHER'S MAIDEN NAME Not Known			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 212509-6698		17. INFORMANT John C. Murray, 205 N. Amity St.			
18. E 964X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Status Epilepticus DUE TO (B) Cerebral Damage following Trauma when Attacked by Robbers July 2, 1949 Hospitalized. Provident 8 wks. (C) ... INTERVAL BETWEEN ONSET AND DEATH 1 Day 2 yrs 5 mo				19. DATE OF OPERATION 0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) Homicide		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Riggs Ave (street)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1400 Block Riggs Ave; Baltimore City			
21D. TIME (Month) (Day) (Year) (Hour) July 2, 1949 6:30 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Attacked by Robbers - Blunt Instrument			
22. I hereby certify that I attended the deceased from Sept. 8, 1949, to Jan. 11, 1952, that I last saw the deceased alive on Jan 4, 1952, and that death occurred at 8:35 P.m., from the causes and on the date stated above.							
23A. SIGNATURE Jenny L. Luck		23B. ADDRESS 427 Swale Ave		23C. DATE SIGNED 1-12-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/16/52		24C. NAME OF CEMETERY OR CREMATORY Arbutus mem			
24D. LOCATION (City, town, or county) (State) Baltimore City		24E. FUNERAL DIRECTOR ISAAC H. BROWN		24F. ADDRESS 108 W			

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52 0371BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0371

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
EUNICE CLARK		Jan. 11, 1952	
3. PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE Maryland	
Hospital or Institution		B. COUNTY	
University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
D. STREET ADDRESS (If rural, give location)		Baltimore	
165 W. Henrietta Street		E. DATE OF BIRTH	
I/I2/I894		9. AGE (In years last birthday)	
58		10. CITIZEN OF WHAT COUNTRY?	
U.S.A.		11. BIRTHPLACE (State or foreign country)	
York Co., S.C.		12. CITIZEN OF WHAT COUNTRY?	
U.S.A.		13. FATHER'S NAME	
Hensi Floyd		14. MOTHER'S MAIDEN NAME	
Ami ?		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
No		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
Reno Setzer-		165 W. Henrietta St	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cancer of stomach	
ANTECEDENT CAUSES		(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED		Jan. 11, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		I/I6/5I	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Mt Calvary Ct.		A.A.Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
JAN 14 1952		10840	
V S 151		720 FA 46 B montgomery st	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **52 0372**

**1 40**  
**2 0372**

1. NAME OF DECEASED (Type or Print) <b>Katherine H. Grill</b>		2. DATE OF DEATH <b>Jan 13, 1952</b>	
3. PLACE OF DEATH <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>md</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Windsor Rest Home</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 21-02</b>	
6. Length of stay in Baltimore <b>Life</b>		D. STREET ADDRESS (If rural, give location) <b>1003 Bayard St.</b>	
7. SEX <b>Female</b>	8. COLOR, OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. AGE (In years, last birthday) <b>79</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		12. CITIZEN OF WHAT COUNTRY? <b>Baltimore</b>	
13. FATHER'S NAME <b>William Grill</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Schuman</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Margaret M. Grimes</b>		ADDRESS <b>1003 Bayard St</b>	
18. <b>422.2</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hydrocephrosis</b> DUE TO <b>Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b> <b>9 months</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>April 18, 1951</b> , to <b>Jan 13, 1952</b> that I last saw the deceased alive on <b>Jan 12, 1952</b> and that death occurred at <b>12:30 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Harry Kates</b>		23B. ADDRESS <b>517 Scott St.</b>	
23C. DATE SIGNED <b>Jan 14/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>Jan 16-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Western</b>	24D. LOCATION (City, town, or county) (State) <b>Baldt md</b>
25. FUNERAL DIRECTOR <b>John H. Gough</b>		ADDRESS <b>5311 Edmondson Ave</b>	

CERTIFICATE OF ANALYSIS

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Hydrochloric acid  
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0373BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0373  
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>CHARLES EIGENDROT</b>		2. DATE OF DEATH <b>1-13-52</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY <b>BALTO</b>			
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>UNIVERSITY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE Halethorpe</b>			
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>1722 SELMA AVE Halethorpe</b>			
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	10. DATE OF BIRTH <b>Feb 25, 1894-57</b>	11. AGE (In years last birthday) <b>57</b>	12. Under 1 Year Months: Days 13. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SALESMAN</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Leather Goods</b>		11. BIRTHPLACE (State or foreign country) <b>MD</b>	
13. FATHER'S NAME <b>JOHN EIGENDROT</b>		14. MOTHER'S MAIDEN NAME <b>LOUISA M ZENN</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>212-10-3932</b>		17. INFORMANT <b>Mal Eigendrot</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>157 X 1</b>		CAUSE OF DEATH <b>UREMIA</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 WKS</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO <b>INTESTINAL OBSTRUCTION</b>			
		(B) DUE TO <b>CARCINOMA OF HEAD</b>			
		(C) DUE TO <b>OF PANCREAS</b>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>INJURY</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-3</b> , 1952 to <b>1-13</b> , 1952, that I last saw the deceased alive on <b>1-13</b> , 1952 and that death occurred at <b>4:45 AM.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Bo M Blum</b>		23B. ADDRESS <b>University Hospital</b>		23C. DATE SIGNED <b>1-13-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan 15-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Louisa Park</b>	
24D. LOCATION (City, town, or county) <b>Balto MD</b>		24E. LOCATION (City, town, or county) <b>Balto MD</b>		24F. LOCATION (City, town, or county) <b>Balto MD</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 14 1952</b>		REGISTRAR'S SIGNATURE <b>John St. Joseph</b>		25. FUNERAL DIRECTOR <b>5311 Edmondson Ave</b>	
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STATEMENT OF DEATH

CERTIFICATE OF DEATH

1970



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 0374**

1. NAME OF DECEASED (Type or Print) <b>WM. PERRY HORSTMAN</b>		2. DATE OF DEATH <b>Jan. 12, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (not in hospital or institution, give street address or location) <b>1832 N. Gay Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>60 yrs</b>		D. STREET ADDRESS (If rural, give location) <b>1832 N. Gay Street</b>	
7. SEX <b>male</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	10. DATE OF BIRTH <b>Jan. 15, 1889</b>
11. AGE (In years last birthday) <b>62 yrs.</b>		12. BIRTHPLACE (State or foreign country) <b>Wash., D.C.</b>	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>machinist</b>		14. KIND OF BUSINESS OR INDUSTRY <b>Poole Oven. Co.</b>	
15. FATHER'S NAME <b>Andrew Horstman</b>		16. MOTHER'S MAIDEN NAME <b>Jane</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes</b>		18. SOCIAL SECURITY NO. <b>217-03-0372</b>	
19. INFORMANT <b>Mrs. Emma Horstman, 1852 N. Gay Street</b>		ADDRESS	

18. <b>422.11</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic cardiovascular disease</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <b>Stanley J. Dunleaver M.D.</b>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>Jan. 14, 1952</b>

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Jan. 16, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 14 1952</b>	REGISTRAR'S SIGNATURE <b>William M. Williams</b>	25. FUNERAL DIRECTOR <b>Philip H. Hargis Sons</b>	
VS 151		2024 ADDRESS <b>Certians St</b> <b>937</b>	



1720 SR

1720

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**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

52 0375  
Registered No. --

1. NAME OF DECEASED Type or Print) <b>WENDELL W. KELBAUGH</b>		2. DATE OF DEATH <b>Jan. 12, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Franklin Square Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write full name and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3628 Roland Avenue</b>	
7. SEX <b>male</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	10. DATE OF BIRTH <b>Dec. 6, 1915</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Aircraft worker</b>		12. AGE (In years last birthday) <b>36</b>	13. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
14. KIND OF BUSINESS OR INDUSTRY <b>Glenn L. Martin</b>		15. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
16. FATHER'S NAME <b>Walter B. Kelbaugh</b>		17. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>yes 2nd W.W.</b>		19. SOCIAL SECURITY NO. <b>214 01 3186</b>	
20. MOTHER'S MAIDEN NAME <b>Gertrude E. Westaway</b>		21. INFORMANT ADDRESS <b>Walter B. Kelbaugh-3628 Roland Avenue</b>	

18. <b>E 816.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) .....Crushing injury of chest.....</b> DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES <b>(B) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</b> DUE TO		
<b>(C) ..... OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>street</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>Lexington Street and Pulaski St.</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>12, 1952 1:30 A. m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Auto and auto collision</b>	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley K. Dineen</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Jan. 12, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan 15/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Windsor Mill Pk. Md</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.P. August E. Sororan-3818 Roland Ave</b>			



360

0376

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0376

Registered No.

1. NAME OF DECEASED  
(Type or Print)

Rose Caroline Heather

2. DATE  
OF  
DEATH

Jan. 13, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. FULL NAME OF

(If not in hospital or institution, give street address or location)

Adm. Green Nursing Home  
115 Melrose Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

(before admission)

C. CITY OR TOWN

Towson

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1315 Westellern Road

5300

5. Length of stay in Baltimore

6. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug. 28, 1877

9. AGE (in years;  
last birthday)

74

10. Under 1 Year  
Months: Days: Hours: Min.

- - - -

11. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housewife

12. KIND OF BUSINESS OR  
INDUSTRY

At Home

13. FATHER'S NAME

?

McClelland

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF  
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

None

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Richard B. Heather, Towson, Md.

18. 47221 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)(A) ARTERIOSCLEROTIC CARDIOVASCULAR  
DISEASE

20 + years

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus; Colloid Goiter

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

23. INJURY

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from Sept 25, 1951, to Jan 13, 1952, that I last saw the  
deceased alive on Jan 13, 1952, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph E. Bird

M. D.

23B. ADDRESS

1532 Havenwood Rd

23C. DATE SIGNED

Jan 13 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Removal

24B. DATE

Jan. 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Hansen Funeral Home

24D. LOCATION (City, town or county)

Kenosha, Wisconsin

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

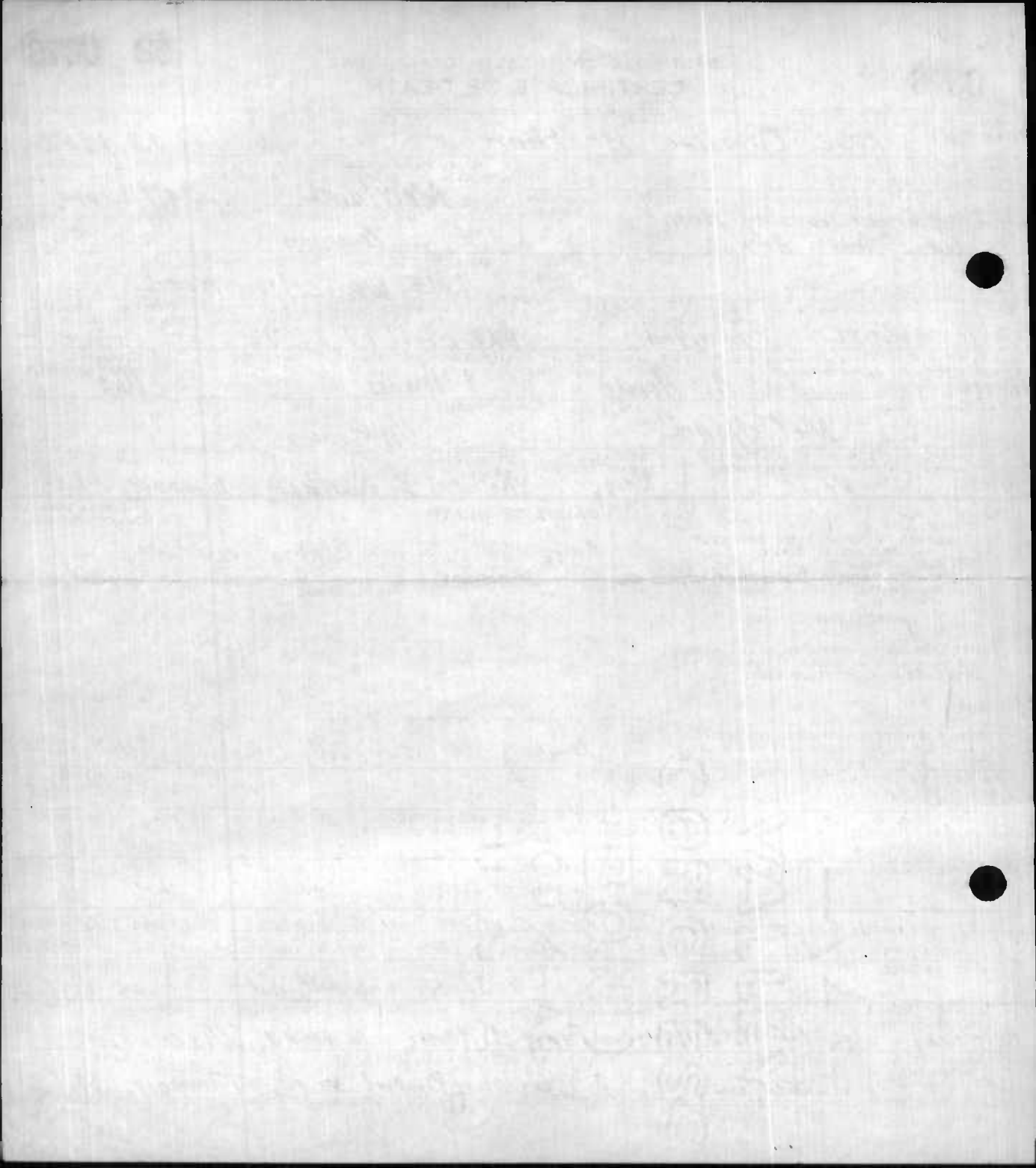
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John Burns &amp; Sons, Towson, Md.



54 52 0377

52 0377

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>NELSON CROMWELL</b>			2. DATE OF DEATH <b>JAN. 14, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD.</b> B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>UNIVERSITY HOSPITAL</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>		
6. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>WHITE HALL 5300</b>		
7. SEX <b>MALE</b>	8. COLOR OR RACE <b>COLORED</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH <b>JULY 62</b>	11. AGE (In years last birthday) <b>62</b>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>			14. KIND OF BUSINESS OR INDUSTRY <b>BLACK &amp; DELKER ELEC. TOOLS (7)</b>		
15. FATHER'S NAME <b>OLIVER CROMWELL</b>			16. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			18. SOCIAL SECURITY NO.		
19. INFORMANT			ADDRESS		

18. <b>420.0</b>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <b>Hypertensive Heart Disease</b>	<b>indefinite</b>	
ANTECEDENT CAUSES	(B) <b>Hypertension</b>	<b>indefinite</b>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <b>arteriosclerotic heart disease</b>	<b>indefinite</b>	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) <b>1:52 PM</b>		23. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		24. HOW DID INJURY OCCUR?	
25. I hereby certify that I attended the deceased from <b>Jan. 4, 1952</b> to <b>Jan. 14, 1952</b> that I last saw the deceased alive on <b>Jan. 14, 1952</b> , and that death occurred at <b>7:15 P. M.</b> , from the causes and on the date stated above.					
26A. SIGNATURE <b>William D. Waugh</b> M. O.		26B. ADDRESS <b>University Hospital</b>		26C. DATE SIGNED <b>Jan. 14, 1952</b>	
27A. BURIAL, CREMATION, REMOVAL (Specify)		27B. DATE		27C. NAME OF CEMETERY OR CREMATORY	
28A. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 15 1952</b>		28B. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		28C. FUNERAL DIRECTOR <b>White Hall - 931</b>	
VS 150		9703L			





52 0378

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0378

Registered No.

IRTH NO.

NAME OF DECEASED  
(Type or Print)

CARRIE LEMBACH

2. DATE  
OF  
DEATH

1/14/52

PLACE OF DEATH:

Baltimore City, Maryland

BALTO MD

4. USUAL RESIDENCE

Where deceased lived. If institution: residence  
before admission)

A. STATE

MD

B. COUNTY

FULL NAME OF (If not in hospital or institution, give street address or  
location)

1104 W. CROSS ST

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give  
township)

BALTO

21-02

Length of stay in Baltimore

84 YRS

Yrs.  
Mos.  
Days

D. STREET ADDRESS

(If rural, give location)

1104 W. CROSS ST

SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,  
last birthday)If Under 1 Year: Months: Days: Hours: Min.  
If Under 24 Hours: Hours: Min.

F

WHT

WIDOWED

MAY 24 1867

84

7/10

10A. USUAL OCCUPATION (Give kind of  
work done during most of year in life, even if retired)

NONE

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO MD

12. CITIZEN OF  
WHAT COUNTRY?

3. FATHER'S NAME

CHAS. SCHAEFER

14. MOTHER'S MAIDEN NAME

ELIZABETH SCHUM

5. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

MRS G. TURNER 1104 W CROSS ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Myocardial degeneration

2 weeks

ANTECEDENT CAUSES

(B) DUE TO

Arteriosclerosis, severe

4 years

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-5, 1949, to 1-14, 1952, that I last saw the  
deceased alive on 1-12, 1952, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unbeck, Jr.

M. D.

23B. ADDRESS

1227 Wash. Blvd

23C. DATE SIGNED

1-15-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

15

1/27/52

LOU DON PARK

FREDERICK AVE

DATE RECEIVED BY  
LOCAL REGISTRAR

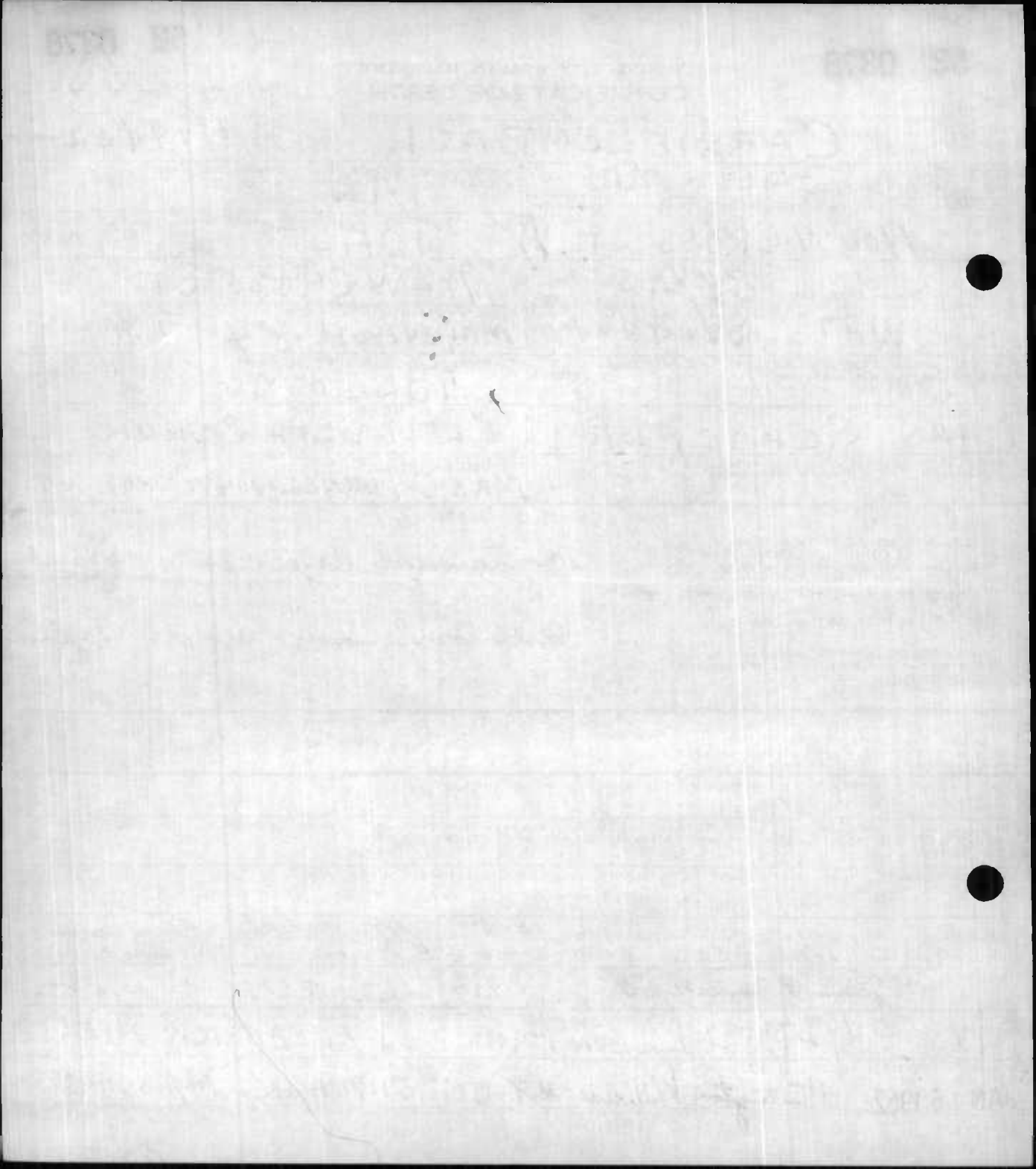
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1952

Huntington Williams, M.D. 525 N. HURST ST



52 0379

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0379

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Kate Schymansky

2. DATE  
OF  
DEATH

JAN 14 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 18-03

D. STREET ADDRESS (If rural, give location)

117 S. Arlington Ave.

5. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

6. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

female white

married

8. DATE OF BIRTH

10-25-78

9. AGE (in years  
last birthday)

73

10. Under 1 Year  
Months Days11. Under 24 Hours  
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

N.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

-----Lckenroth

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 575X I

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Kidney failure

DUE TO

## ANTECEDENT CAUSES

(B) unknown

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Rectal abscess

Unknown

19A. DATE OF OPERATION

1-6-52

19B. MAJOR FINDINGS OF OPERATION

Abscess - rectal abscess

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE  
WORK AT WORK

22. I hereby certify that I attended the deceased from 1-5-1952 to 1-14-1952 that I last saw the deceased alive on 1-14-1952 and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Kenneth M. Cole Jr. M. D.

23B. JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 17/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

101 Edmondson Ave.

VS 150

123

*Wetmore failure*

\_\_\_\_\_

Robert Brown

— 1880 —

1-2-3

1891. 1892. 1893.

52 0380

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0380

Registered No. \_\_\_\_\_

1. NAME OF DECEASED Type or Print) <b>Louise Wattenscheidt</b>			2. DATE OF DEATH <b>Jan. 13/52</b>		
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY _____		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>General German Aged Peoples Home, 22 S. Athol Ave.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 28-04</b>		
6. Length of stay in Baltimore <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>22 S. Athol Ave</b>		
7. SEX <b>Female</b>	8. COLOR OR RACE <b>W.</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	10. DATE OF BIRTH <b>May 24, 1860</b>		11. AGE (In years last birthday) <b>91</b>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>			13. KIND OF BUSINESS OR INDUSTRY		
14. FATHER'S NAME <b>Christopher Lipps</b>			15. MOTHER'S MAIDEN NAME <b>Elizabeth Murbach</b>		
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>			17. SOCIAL SECURITY NO.		
18. INFORMANT <b>Sr. Fredericka, 22 S. Athol Ave</b>			ADDRESS		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) <b>Cardio - Respiratory Failure</b>		DUE TO			
(B) <b>Myocardial Infarction</b>		DUE TO			
(C) <b>Arteriosclerosis, Sclerosis</b>		DUE TO			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Jan 13, 1952**, to **Jan 13, 1952**, that I last saw the deceased alive on **13 Jan 1952**, and that death occurred at **1245 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE <b>William S. Bryan M.D.</b>		23B. ADDRESS <b>4605 Edmondson Ave</b>		23C. DATE SIGNED <b>14 Jan 52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 16/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Landon Pk.</b>	
				24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR <b>Harry F. Hutzke</b>	
				ADDRESS <b>4101 Edmondson Ave</b>	





52 0381

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0381  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILLIAM C. YOUNG

2. DATE  
OF  
DEATH

January 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3511 Edmondson Avenue

5. Length of stay in Baltimore

Left

Yrs.  
Mos.  
Days

6. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 6, 1898

9. AGE (In years  
last birthday)

53

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR  
INDUSTRY

Balls - New York Balls, Inc.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Wm. C. Young

14. MOTHER'S MAIDEN NAME

Margaret Frost

15. WAS DECEASED EVEN IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Margaret J. Young, 3511 Edmondson

18. 470.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Coronary occlusion

X

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Myocardial infarct

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

M.D.

MEDICAL INVESTIGATOR ☐

Jan. 14, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 17/52

24C. NAME OF CEMETERY OR CREMATORY

Landon Pk. #4

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Harry A. Ruffe

ADDRESS

4101 Edmondson

VS 151

49041

94a Acc.



1820

52

1820

52

52 0382

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0382  
Registered No.

1. NAME OF DECEASED (Type or Print) FRANCIS GERAHTY, SR.			2. DATE OF DEATH Jan. 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland COUNTY Baltimore		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2910 E. Pratt Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-02		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2910 E. Pratt Street		
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH Oct. 10, 1867	11. AGE (in years last birthday) 84	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) insurance salesman			14. KIND OF BUSINESS OR INDUSTRY insurance		
15. FATHER'S NAME James Gerahty			16. MOTHER'S MAIDEN NAME Anne Schoen		
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no			18. SOCIAL SECURITY NO. 212-16-4270		
19. INFORMANT ADDRESS Mrs. Kathryn Gerahty-2910 E. Pratt St.					

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William W. [Signature]		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Jan. 14, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 1/16/52	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTOO, P3, MD		ADDRESS Sander	



52 0383

52 0383

## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Catherine Clark

2. DATE  
OF  
DEATH

Jan. 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1622 N. Wolfe St.

E. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Printing Co.

8. DATE OF BIRTH

4-13-81

9. AGE (In years, last birthday)

70

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Arnold Holste

14. MOTHER'S MAIDEN NAME

Mary Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL  
SECURITY NO.

213-10-3351

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 575X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)Infected Diverticulum of Colon  
with abscess formation and localized  
peritonitis

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

? 7 d.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatic Heart Disease with aortic  
a mitral stenosis & insuff E failure

Years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPT  
YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7 to 1/13, 1952, that I last saw the deceased alive on 1/13, 1952, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dudley P. Jackson

M. D.

23B. JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1/13/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

1/16/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER &amp; SONS, INC.

ADDRESS

BALD. 318, MD.

Denny J. Sander

VS 150

3904M

92 B

MAHREY  
CONGRESS

BOND

U. S. A.

640  
52 0384BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0384  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mary Gaddess Carroll

2. DATE  
OF  
DEATH

Jan 13 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

5513 Lothian Rd

C. Month of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Dr Harry W. Gaddess

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

216-14-0305

8. DATE OF BIRTH

May 13 1917

9. AGE (In years last birthday)

34

11. Under 1 Year  
Months: Days12. Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Lillian Edgar

17. INFORMANT

Wm H Carroll

ADDRESS

Same

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) Acute cardiac dilatation  
DUE TO Pulmonary thrombosis(B) Acute examination of chr. valvular  
DUE TO Lesion (all valves involved)

(C) Due to acute rheumatic fever age of 8 yrs.

INTERVAL BETWEEN ONSET AND DEATH

Few moments

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1916, to Jan 13, 1952, that I last saw the deceased alive on Jan 2, 1952, and that death occurred at 12:45 A. M., from the causes and on the date stated above.

23A. SIGNATURE

E J Hayward M. D.

23B. ADDRESS

13 E Eager St. Balto

23C. DATE SIGNED

1-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Jan 16 1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M. D.

25. FUNERAL DIRECTOR

ADDRESS

4905 York Rd

VS 150

58E

Mr. Eugene Hayward  
13 E. Eager St



26 52 0385		BALTIMORE CITY HEALTH DEPARTMENT		52 0385	
BIRTH NO.		F CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <b>JAMES P. GALLAGHER</b>			2. DATE OF DEATH <b>Jan 12, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto</b>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Md</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>S. Balt. General</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto 8-01</b>		
C. Length of stay in Baltimore <b>10 years</b> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>3316 Lyndale Ave</b>		
5. <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 27-1912</b>	9. AGE (In years last birthday) <b>39</b>	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Freight Inspector, Shipper Motor</b>			11. BIRTHPLACE (State or foreign country) <b>Penn</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>James Gallagher</b>			14. MOTHER'S MAIDEN NAME <b>Margaret Connahan</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
			17. INFORMANT <b>Mrs Margaret Gallagher</b> ADDRESS <b>3316 Lyndale</b>		
18. <b>E819.4</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CRUSHING INJURY OF CHEST</b>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>RHEUMATIC HEART DISEASE</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>STREET</b>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>ATEND ST. BRIDGE</b>			
21D. TIME (Month) (Day) (Year) (Hour) <b>Jan 12, 1952 9 P.M.</b>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <b>DRIVER OF CAR THAT RAN INTO BRIDGE</b>			
I certify that I took charge of the remains described above, held an <b>Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley H. Dunlacher</b>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Jan 13, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1-16-1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	24D. LOCATION (City, town, or county) (State) <b>Balto Md</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 15 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>B. J. Neer &amp; Son</b>		ADDRESS <b>3001 Kentucky Ave 1700</b>	
VS 151 N-862-2 38058					

MEDICAL CERTIFICATION

174

330

52 0386

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0386

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Joseph G. Stout</b>		2. DATE OF DEATH <b>January 13, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>1129 McKean Avenue</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>1129 McKean Avenue</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 3, 1874</b>
9. AGE (in years last birthday) <b>77</b>		10. CITIZEN OF WHAT COUNTRY? <b>Maryland</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Carpenter</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>Maryland</b>	
13. FATHER'S NAME <b>? Stout</b>		14. MOTHER'S MAIDEN NAME _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Leon W. Stout, 60 Burkshire Road</b>		ADDRESS _____	
18. <b>442X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b> DUE TO <b>Chronic Cerebro Vascular Disease</b> DUE TO <b>Unknown</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. _____			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION _____	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____		21D. HOW DID INJURY OCCUR? _____	
21E. TIME (Month) (Day) (Year) (Hour) <b>Jan 13, 1952</b>		21F. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>Jan 13, 1952</b> , to <b>Jan 15, 1952</b> , that I last saw the deceased alive on <b>Jan 13, 1952</b> , and that death occurred at <b>4:45</b> m., from the causes and on the date stated above.			
23A. SIGNATURE <b>Harry Ashman</b>		23B. ADDRESS <b>1924 Wirth Ave</b>	
23C. DATE SIGNED <b>1/15/52</b>		23D. (State) <b>Maryland</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>1/17/52</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Loudon Park Cemetery</b>		24D. LOCATION (City, town, or county) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY <b>JAN 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		ADDRESS <b>1217 St. Paul Street</b>	

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

*[Faint, illegible text, likely bleed-through from the reverse side of the page]*

650  
52 0387

52 0387

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

John E. Craan

2. DATE  
OF  
DEATH

JAN 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Tha 2

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE  
MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

26-05

D. STREET ADDRESS (If rural, give location)

5201 EASTERN AVE.

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10-17-07

9. AGE (In years  
last birthday)

44

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

radio repairman

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

W Va

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Craan

14. MOTHER'S MAIDEN NAME

Mary Melin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 467.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Progressive Hypertension with  
syncope attacks.

1 year

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORKNOT WHILE  
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-9-52 to 1-13-52, that I last saw the  
deceased alive on 1-13-52, and that death occurred at 7 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Red R. Martin

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

1-13-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balt

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1288 3rd St. S. Home 2008 Chla

7880 35

7880 35

WALL  
CONC  
BOF  
100  
11



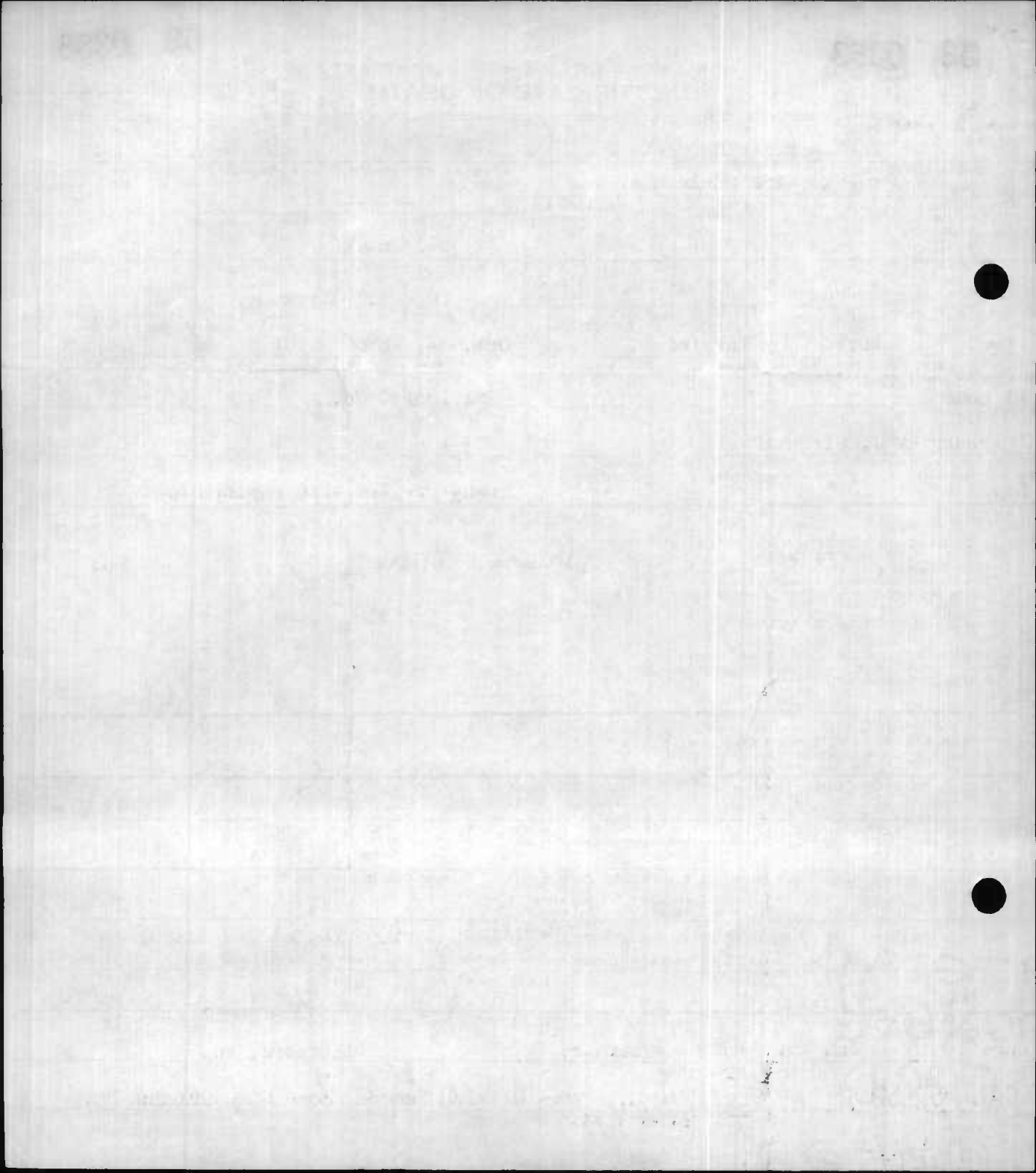
60  
52 0388BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0388

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>HANNAH PFEIFER AKA JOHANNAH PFEIFER</b>		2. DATE OF DEATH <b>Jan. 12, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland 4256 Sheldon Ave.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____			
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		D. STREET ADDRESS (If rural, give location) <b>2634 E. Oliver St.</b>	
6. Length of stay in Baltimore		Yrs. _____ Mos. _____ Days _____		8. DATE OF BIRTH <b>Oct. 14, 1886</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		9. AGE (in years last birthday) <b>65</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>Frederick J. Siebert</b>		14. MOTHER'S MAIDEN NAME <b>Lillian Jung</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT <b>Frank Pfeifer</b>		ADDRESS <b>4256 Sheldon Ave.</b>	
18. <b>170X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary Artery</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH <b>Coronary Artery</b> DUE TO DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH <b>5/10</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>6 March</b> , 1951, to <b>12 Jan</b> , 1952, that I last saw the deceased alive on <b>17 Jan</b> , 1952, and that death occurred at <b>6:50 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Huntington Wilkerson, M.D.</b>		23B. ADDRESS <b>1513 N. M. K. Ave</b>		23C. DATE SIGNED <b>15 Jan 52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan 15, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		25. FUNERAL DIRECTOR <b>Ulrich Funeral Home</b>		ADDRESS <b>2008 Orleans St.,</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Wilkerson, M.D.</b>		25. FUNERAL DIRECTOR <b>Ulrich Funeral Home</b>	





45  
52 0389BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0389

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>MATTHEW HANLON</b>		2. DATE OF DEATH <b>Jan. 12, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland 126 N. Linwood Ave.</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 6-01</b>	
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>126 N. Linwood Ave.</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	10. DATE OF BIRTH <b>Dec. 23, 1898</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Theatre Usher</b>		12. AGE (In years last birthday) <b>53</b>	
13. FATHER'S NAME <b>John Hanlon</b>		14. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>212-10-6277</b>	
17. INFORMANT <b>Mrs. Anna Cunningham</b>		18. ADDRESS <b>126 N. Linwood Ave.,</b>	
19. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>(A) Cerebral emboli 5 days.</b> DUE TO <b>(B) Hypertension. Duration ?</b> DUE TO <b>(C)</b>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>NONE</b>		19B. MAJOR FINDINGS OF OPERATION <b>NONE</b>	
20. AUTOPSY? <b>None</b>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ACCIDENT <b>TO ACCIDENT</b>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -----	
21C. WHERE DID INJURY OCCUR? -----		21D. TIME (Month) (Day) (Year) (Hour) -----	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR? -----	
22. I hereby certify that I attended the deceased from <b>Jan. 4, 1952</b> , to <b>Jan. 12, 1952</b> at I last saw the deceased alive on <b>Jan. 12, 1952</b> and that death occurred at <b>7.30 PM</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>W. Kelly</b>		23B. ADDRESS <b>100 N. Linwood Ave.</b>	
23C. DATE SIGNED <b>Jan. 14/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 16, 1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Oak Lawn</b>		24D. LOCATION (City, town, or county) (State) <b>Colgate, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Ulrich Funeral Home</b>		ADDRESS <b>2008 Orleans St.</b>	

8700 35

8700 35



52 0390

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0390

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Louise C. Scherer

2. DATE  
OF  
DEATH

Jan. 13/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

419 N. Glover St.

Yrs.  
Mos.  
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

6-02

D. STREET ADDRESS (If rural, give location)

419 N. Glover St.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 3-1897

9. AGE (In years  
last birthday)

54

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Henry Fuchs

14. MOTHER'S MAIDEN NAME

Bertha Steel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Philip Scherer 419 N. Glover St.

18. 420.1 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Monocyte Thrombosis  
Hypertension

1 day

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13-52, 1952, to 1-13-52, 1952, that I last saw the  
deceased alive on 1-13-52, 1952 and that death occurred at 13:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. Red Ruyak

23B. ADDRESS

M. D.

800 N. Baltimore St. Bk. Br.

23C. DATE SIGNED

1-14-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

Jan. 16-52

24C. NAME OF CEMETERY OR CREMATORY

Immanuel Lem.

24D. LOCATION (City, town, or county) (State)

Balto.

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Miller 2334 Jefferson St.

CENTRAL AIR FORCE

TO: [illegible]  
 FROM: [illegible]  
 SUBJECT: [illegible]  
 [The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

324 52 0391		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 0391 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <b>C H A R L E S M E T C A L F</b>			2. DATE OF DEATH <b>JAN 12, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MD</b> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>ST AGNES HOSP</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <b>BALTO MD 20-06</b>		
C. Birth of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <b>2819 Sunset Dr.</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 1, 1898</b>		9. AGE (In years last birthday) <b>5-7</b>
10. A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Bookbinder</b>		11. BIRTHPLACE (State or foreign country) <b>BALTO MD</b>	
13. FATHER'S NAME <b>Geo.</b>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>213-05-8406</b>		17. INFORMANT <b>(Wife)</b>
18. <b>E8124</b>			ADDRESS <b>2819 Sunset Dr</b>		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			(A) <b>MULTIPLE FRACTURES, LACERATIONS and CONTUSIONS</b>		
ANTECEDENT CAUSES			(B) <b>CRANIOCEREBRAL INJURY</b>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>STREET</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>WILKINS AVE AT DUKELAND</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>JAN 12, 1952 Pm.</b>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>PEDESTRIAN STRUCK BY HIT + RUN AUTO</b>	
22. I certify that I took charge of the remains described above, held an <b>Inspection + Inq.</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Stanley K. Dumlacher</b>			23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Jan 13, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremal</b>		24B. DATE <b>Jan. 16, 52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Linden Pl.</b>	
24D. LOCATION (City, town, or county) <b>BALTO MD</b>		24E. FUNERAL DIRECTOR <b>Paul J. Hoffmann</b>		24F. ADDRESS <b>6067 Bayford Rd.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Wallis</b>		25. FUNERAL DIRECTOR <b>Paul J. Hoffmann</b>	
VS 151 <b>N-804.2</b>		<b>5024M</b>		<b>170C</b>	

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1970 32

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1970 32



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52 0392BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0392  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ANNIE S. EDEL		Jan. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
3403 Garrison Blvd		Baltimore 15-10	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Yrs. Mos. Days		3403 Garrison Blvd. 15	
7. SEX	8. COLOR OR RACE	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH
F	V	Widowed	Oct. 24, 1870
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. AGE (In years last birthday)	
Home		81	
13. FATHER'S NAME		14. BIRTHPLACE (State or foreign country)	
William Littleton Wilcox		Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
No		None	
17. MOTHER'S MAIDEN NAME		18. INFORMANT	
Susanna Perry		Dr. J. Wesley Edel	
19. ADDRESS		Same	
20. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
18. 591X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		3 months	
(A) Subacute Nephritis			
DUE TO			
19. ANTECEDENT CAUSES		3 months	
(B) Acute Nephritis			
DUE TO			
(C)			
21. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
22. DATE OF OPERATION		23. MAJOR FINDINGS OF OPERATION	
1952			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. TIME (Month) (Day) (Year) (Hour)		27. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
INJURY			
28. INJURY OCCURRED WHILE AT WORK		29. HOW DID INJURY OCCUR?	
m. WHILE AT WORK			
30. I hereby certify that I attended the deceased from October 1, 1951, to 1-14, 1952, that I last saw the deceased alive on 1-13, 1952, and that death occurred at 8 A.M., from the causes and on the date stated above.			
31. SIGNATURE		32. ADDRESS	
Laurence M. Fern		11 E. Chase St	
33. DATE SIGNED		34. DATE SIGNED	
1-14-52		1-14-52	
35. BURIAL, CREMATION, REMOVAL (Specify)		36. DATE	
Burial		1/16/52	
37. NAME OF CEMETERY OR CREMATORY		38. LOCATION (City, town, or county) (State)	
Greenmount Cem.		Baltimore Md.	
39. DATE RECEIVED BY LOCAL REGISTRAR		40. REGISTRAR'S SIGNATURE	
JAN 15 1952		Huntington Williams, M.D.	
41. FUNERAL DIRECTOR		42. ADDRESS	
Wm. J. Pickner, Inc.		Baltimore Md.	

RECEIVED  
DEPT. OF HEALTH  
JAN 10 1944

0000 02

RECEIVED  
JAN 10 1944



52 0393

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0393  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WILBUR BEHYMER

2. DATE  
OF  
DEATH

Jan. 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

204 Southway

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Sales Rep. Retired

10B. KIND OF BUSINESS OR  
INDUSTRY  
General Mills  
Packaged Foods

13. FATHER'S NAME

Eben Behymer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

-

17. INFORMANT

ADDRESS

Mrs. Juanita B. Behymer 2 Goodale Place

18. 420.1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) arteriosclerotic cardiovascular disease with hypertension;  
DUE TO  
Chronic myocarditis; acute  
(B) coronary thrombosis  
DUE TO  
(C)several  
years  
few hrs.II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to Jan., 1952, that I last saw the  
deceased alive on 1-12, 1952, and that death occurred at 12<sup>30</sup> A.M., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams, M.D.

23B. ADDRESS

1020 Madison St.

23C. DATE SIGNED

1-14-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1952

Huntington Williams, M.D.

Jm. S. Exman - South Ave Bldg W

STATE OF NEW YORK  
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF DECEASED		SIGNATURE OF WITNESS		SIGNATURE OF PHYSICIAN		SIGNATURE OF CLERGYMAN		SIGNATURE OF JUDGE		SIGNATURE OF CORONER	
DATE OF BIRTH		DATE OF DEATH		DATE OF BURIAL		DATE OF INTERMENT		DATE OF CREMATION		DATE OF EXHUMATION	
PLACE OF BIRTH		PLACE OF DEATH		PLACE OF BURIAL		PLACE OF INTERMENT		PLACE OF CREMATION		PLACE OF EXHUMATION	
CITY OF DEATH		COUNTY OF DEATH		STATE OF DEATH		CITY OF BURIAL		COUNTY OF BURIAL		STATE OF BURIAL	
CITY OF INTERMENT		COUNTY OF INTERMENT		STATE OF INTERMENT		CITY OF CREMATION		COUNTY OF CREMATION		STATE OF CREMATION	
CITY OF EXHUMATION		COUNTY OF EXHUMATION		STATE OF EXHUMATION		CITY OF INTERMENT		COUNTY OF INTERMENT		STATE OF INTERMENT	

52 0394

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0394

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <b>HARRY H. LYDDANE</b>		2. DATE OF DEATH <b>Jan. 13, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>3308 Oakfield Ave.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>			
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3308 Oakfield Ave.</b>			
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		10. DATE OF BIRTH <b>Aug. 26, 1867</b>	11. AGE (In years last birthday) <b>84</b>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sales Manager Retired</b>		13. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>		14. BIRTHPLACE (State or foreign country) <b>Washington, D. C.</b>	
15. FATHER'S NAME <b>JOHN J. LYDDANE</b>		16. MOTHER'S MAIDEN NAME <b>Elizabeth Foy</b>		17. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		19. SOCIAL SECURITY NO. <b>?</b>		20. INFORMANT ADDRESS <b>Mr. H. H. Lyddane Dahlgren, Va.</b>	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>443 X I</b>		22. CAUSE OF DEATH (A) <b>Congestive Heart Failure</b> DUE TO (B) <b>Chronic Myocarditis</b> DUE TO (C) <b>Arteriosclerosis with hypertension</b>		23. INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>5 yrs +</b> <b>10 yrs +</b>	
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b>		25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>ruled cerebral hemorrhage, 11/24/51</b>			
26. DATE OF OPERATION		27. MAJOR FINDINGS OF OPERATION		28. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
32. TIME (Month) (Day) (Year) (Hour) INJURY		33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		34. HOW DID INJURY OCCUR?	
35. I hereby certify that I attended the deceased from <b>March 4, 1946</b> , to <b>Jan. 13, 1952</b> , that I last saw the deceased alive on <b>Jan. 12, 1952</b> , and that death occurred at <b>10:45 A. M.</b> , from the causes and on the date stated above.					
36. SIGNATURE <b>Maurice E. Shamer</b>		37. ADDRESS <b>3308 W. North Ave.</b>		38. DATE SIGNED <b>1-15-52</b>	
39. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		40. DATE <b>1/15/52</b>		41. NAME OF CEMETERY OR CREMATORY <b>Lorraine Pk. Cem.</b>	
42. LOCATION (City, town, or county) <b>Woodlawn, Md.</b>		43. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 15 1952</b>		44. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
45. FUNERAL DIRECTOR <b>Wm. J. Fisher &amp; Sons, Inc.</b>		46. ADDRESS <b>Balls Blk. Md.</b>			





52 0395

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0395  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Levin M. Lewis Jr.

2. DATE  
OF  
DEATH

1-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Balt.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 10 27-13

D. STREET ADDRESS (If rural, give location)

1107 Poplar Hill Rd.

5. LENGTH OF STAY IN BALTIMORE

70

Yrs.  
Mos.  
Days

6. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4/2 1881

9. AGE (In years last birthday)

70

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINE REPAIR DEPT

10B. KIND OF BUSINESS OR INDUSTRY

GAS ELECTRIC CO

11. FATHER'S NAME

Levin Lewis Sr.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Sarah A. Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT

Wife. Nellie

ADDRESS

Same

18. 490X I

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Lobar Pneumonia of rt. lower &amp; middle &amp; left lower lobes

2 wks.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

arteriosclerotic heart disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour) INJURY

22E. INJURY OCCURRED

WHILE AT WORK ☐ m.NOT WHILE AT WORK ☐

22F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1952 to 1-14, 1952, that I last saw the deceased alive on 1-14, 1952, and that death occurred at 12:24 a.m., from the causes and on the date stated above.

23A. SIGNATURE

K. K. Skipton

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

1-14-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

1/16/52

24C. NAME OF CEMETERY OR CREMATORY

EAST NEW MARKET CEM

24D. LOCATION (City, town, or county)

EAST NEW MARKET, MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Zacher - Fox Inc

ADDRESS

Balt. Md.



UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

100

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52 0396

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0396  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

ANNIE McCULLOUGH

2. DATE  
OF  
DEATH

Jan. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence  
before admission)  
A. STATE B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or  
location)  
HOSPITAL OR  
INSTITUTION

1126 Carroll St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

21-02

D. STREET ADDRESS (If rural, give location)

1126 Carroll St.

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days7. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

F

W

Widowed

8. DATE OF BIRTH

Nov. 14, 1883

9. AGE (in years  
last birthday)

68

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Home

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Jacob March

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. E. F. Doudiken 1126 Carroll St.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Acute coronary thrombosis

10 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic CVD -

years

(C) DUE TO

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to Jan 14, 1952, that I last saw the  
deceased alive on Jan 13, 1952, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Kenneth Gage

M. D.

23B. ADDRESS

3101 W. Baltimore St.

23C. DATE SIGNED

Jan 15, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/16/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

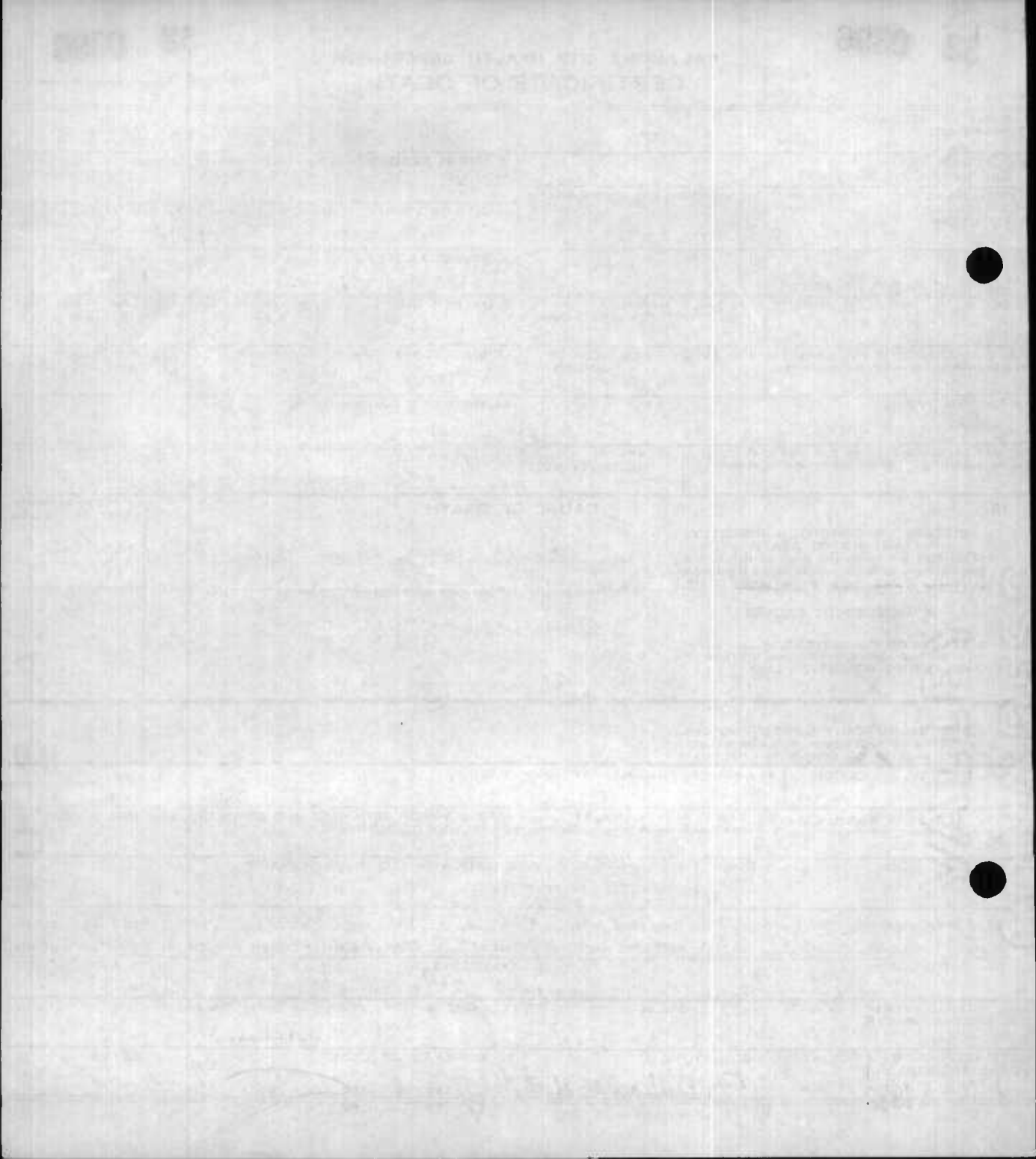
25. FUNERAL DIRECTOR

ADDRESS

H. J. Johnson, Inc. Balto. Md.

VS 150

937



52 0397

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0397  
Registered No.

BIRTH NO. 51-21862

1. NAME OF DECEASED  
(Type or Print)

ANGELIA STEWART

2. DATE  
OF  
DEATH

1-11-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

PROVIDENT HOSPITAL &amp; FREE DISPENSARY

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

3

5. SEX

FEMALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9/23/50

9. AGE (In years,  
last birthday)10 Under 1 Year  
Months: Days

3 18

11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALT. MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOSEPH STEWART

14. MOTHER'S MAIDEN NAME

DELORES BUTLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

17. INFORMANT

MOTHER

ADDRESS

BALT. MD

18. 571.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

ACIDOSIS

DUE TO

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DEHYDRATION

DUE TO

24 hrs

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DIARRHEA

48 hrs

OTITIS MEDIA

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 1952, to 1-11, 1952, that I last saw the  
deceased alive on 1-11, 1952, and that death occurred at 3:22 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION,  
TATION, REMOVAL (Specify)

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOAN REGISTER

JAN 15 1952

Huntington Williams, M.D.

Anlington Phillips-1808 N. Monroe St.

1923 52

1923 52



52 0398

Certificate corrected 5/7/52  
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

RG.

52 0398

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

HELEN STOKES.

2. DATE  
OF  
DEATH

1/12/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

University Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

17-02

D. STREET ADDRESS (If rural, give location)

530 W. Hoffman

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days

7. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

F

C

MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 10, 1930

9. AGE (In years last birthday)

21

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Hiram Burris

14. MOTHER'S MAIDEN NAME

Rebecca ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 681X I

## CAUSE OF DEATH

Puerperal infection due to

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) .....

DUE TO

Clostridium Welchii infection

INTERVAL BETWEEN ONSET AND DEATH

10d.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pregnancy (Post partum)

10d.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952 to Jan 12, 1952 that I last saw the deceased alive on Jan 11, 1952, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

JW Newman

M. D.

23B. ADDRESS

Univ. Hosp., Balto

23C. DATE SIGNED

1/12/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/20/52

24C. NAME OF CEMETERY OR CREMATORY

Camden, South Carolina

24D. LOCATION (City, town, or county)

Camden, South Carolina

(State)

DATE RECEIVED BY LOCAL REGISTRAR

JAN 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Marginton Phillips 1808 W. Monro St.

ADDRESS



1608 X-5 ST.

Information obtained from Dr. Davis, Maternal Hygiene Bureau.



23 52 0399

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0399  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Eliza Alston</i>		2. DATE OF DEATH <i>12 Jan 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2026 E. Biddle ST.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-07</i>	
6. Length of stay in Baltimore <i>3</i>		D. STREET ADDRESS (If rural, give location) <i>2026 E. Biddle ST.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2 Jul 92</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (In years last birthday) <i>60</i>
11. BIRTHPLACE (State or foreign country) <i>Darlington S.C.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Robert Andrews</i>		14. MOTHER'S MAIDEN NAME <i>Hattie Josy</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Rebecca Thomas</i>		ADDRESS <i>2026 E. Biddle</i>	

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Arterio-sclerotic heart disease</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>October, 1948</i> to <i>January, 1952</i> that I last saw the deceased alive on <i>10 Jan, 1952</i> , and that death occurred at <i>1:00 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Renold B. Ligon</i>		23B. ADDRESS <i>301 Cherry Hill Road.</i>		23C. DATE SIGNED <i>12 Jan 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan 16 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary Ceme</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. County Md.</i>		24E. FUNERAL DIRECTOR <i>Wm. B. P. Elliott's Daughter</i>		24F. ADDRESS <i>11297. Carver ST</i>	

DATE RECEIVED BY  
LOCAL REGISTRAR  
JAN 15 1952

REGISTRAR'S SIGNATURE  
*Huntington Williams M.D.*

24E. FUNERAL DIRECTOR  
*Wm. B. P. Elliott's Daughter*  
*11297. Carver ST*



30

52 0400

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0400  
Registered No.

BIRTH NO. 51-30428

1. NAME OF DECEASED  
(Type or Print)

GERTRUDE ROSADO

2. DATE  
OF  
DEATH

JAN 13, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

HLH-4E

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

8-07

D. STREET ADDRESS (If rural, give location)

1733 ELLSWORTH

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

FEMALE COLORED

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

BAGY

8. DATE OF BIRTH

9. AGE (In years  
last birthday)11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

LEWIS ROSADO

14. MOTHER'S MAIDEN NAME

ALICE COOPER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Congenital Cyanotic Heart Disease

2 wks

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from 1-13-1952 to 1-13-1952 that I last saw the deceased alive on 1-13-1952, and that death occurred at 1:55 a. m., from the causes and on the date stated above.

23A. SIGNATURE

R. P. Taylor

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

1-13-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial  
DATE RECEIVED BY  
LOCAL REGISTRARJan 15/52  
Huntington, William, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. G. H. J. Elliott & Daughter  
1129 N. Carroll St. 157E

0000 52

0000 51



52 0401

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0401  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Willietta Leavitt

2. DATE  
OF  
DEATH

Jan. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

508 Park Ave.

C. Month of stay in Baltimore

UNKNOWN

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give  
township)

Baltimore

11-03

D. STREET ADDRESS (If rural, give location)

508 PARK AVE.

8. DATE OF BIRTH

UNKNOWN

9. AGE (In years  
last birthday)

80?

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

UNKNOWN

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

UNKNOWN

17. INFORMANT

ADDRESS

Rev. Harry Lee Dole 24 W. Saratoga St.

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Cardio-  
Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

Decubitus Ulcers

INTERVAL BETWEEN  
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER ☐  
ASSISTANT MEDICAL EXAMINER ☐  
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Jan. 14, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 15, 1952

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 15 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

John A. Mitchell 1900 Eutaw Pl.

ADDRESS

1010

82

1010

82

26  
52 0402BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0402  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Margaret Jones Spicer			2. DATE OF DEATH Jan. 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 2004 Park Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-02		
6. Length of stay in Baltimore 5 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2004 Park Avenue		
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	10. DATE OF BIRTH Aug. 28, 1875	11. AGE (In years, last birthday) 76	12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME William Jones			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown			16. SOCIAL SECURITY NO.		
17. INFORMANT Abra Ella Spicer			ADDRESS 2004 Park Avenue		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO A. <i>Coronary Occlusion</i> B. <i>acute Digestive Disturbance</i> C. <i>arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs.</i>
19. CAUSE OF DEATH DUE TO A. <i>Coronary Occlusion</i> B. <i>acute Digestive Disturbance</i> C. <i>arteriosclerosis</i>	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/12</i> , 19 <i>52</i> to <i>1/14</i> , 19 <i>52</i> that I last saw the deceased alive on <i>1/14</i> , 19 <i>52</i> and that death occurred at <i>6 A.</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Quon...</i>		23B. ADDRESS <i>2020 N. Charles</i>		23C. DATE SIGNED <i>1/15/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) cremation		24B. DATE 1 - 20 - 52		24C. NAME OF CEMETERY OR CREMATORY Greenmount	
		24D. LOCATION (City, town, or county) Baltimore, Md.			

DATE RECEIVED BY LOCAL REGISTRAR JAN 15 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.-1900 Eutaw Place <i>John O. Mitchell</i>	
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1945

1945

RECEIVED

1945

1945



52 0403

52 0403

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Antone George Hillius (Antones George Hillius)</b>			2. DATE OF DEATH <b>Jan. 10, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Baltimore City Hospitals</b> <b>4940 Eastern Avenue</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>26-09</b>		
6. DATE OF DEATH IN BALTIMORE <b>23 Yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>408 Dean St.</b>		
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	10. DATE OF BIRTH <b>Jan. 17, 1890</b>		11. AGE (In years last birthday) <b>61</b>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel</b>			13. BIRTHPLACE (State or foreign country) <b>Greece</b>		14. CITIZEN OF WHAT COUNTRY?
15. FATHER'S NAME <b>George (D)</b>			16. MOTHER'S MAIDEN NAME <b>(D)</b>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			18. SOCIAL SECURITY NO.		
19. INFORMANT <b>Baltimore City Hospitals</b>			20. RECORDS: <b>4940 Eastern Avenue</b>		

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Arteriosclerotic heart disease with congestive failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Over 5 Yrs.</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Emphysema due to pneumococcus</b>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>1-15-52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>12-4</b> , 19 <b>51</b> , to <b>1-10</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1-10</b> , 19 <b>52</b> , and that death occurred at <b>10</b> P.M., from the causes and on the date stated above.					
23A. SIGNATURE <b>J. S. Rogers</b>		23B. ADDRESS <b>4940 Eastern Avenue</b>		23C. DATE SIGNED <b>1-14-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>1-15-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Greek Cemetery</b>	
24D. LOCATION (City, town, or county) <b>Windsor Mill Rd</b>		24E. ADDRESS		24F. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Lambert Inc. 440 E. North ave</b>	

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10/1/10

26 52 0404		BALTIMORE CITY HEALTH DEPARTMENT		52 0404	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) MINNIE PETTEGRAW			2. DATE OF DEATH January 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 1018 Stoddard Court		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			8. DATE OF BIRTH Dec 12, 1894		
C. Length of stay in Baltimore 50 Yrs. Mos. Days			9. AGE (In years last birthday) 67		
5. SEX Female			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		
6. COLOR OR RACE Colored			11. BIRTHPLACE (State or foreign country) Penna.		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed			12. CITIZEN OF WHAT COUNTRY?		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic			13. FATHER'S NAME ?		
10B. KIND OF BUSINESS OR INDUSTRY			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown			16. SOCIAL SECURITY NO.		
17. INFORMANT Ernestine Pettegrew			ADDRESS 1018 Stoddard Ct.		
18. 260X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
ANTECEDENT CAUSES			(A) Diabetes Mellitus		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			(B) Arteriosclerotic Heart Disease		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB-UTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour)		
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. Fisher			23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED 1/11/52					
24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial			24B. DATE Jan. 15, 1952		
24C. NAME OF CEMETERY OR CREMATORY Robertus Memorial			24D. LOCATION (City, town, or county) (State) Md.		
DATE RECEIVED BY JAN 15 1952			REGISTRAR'S SIGNATURE Huntington Williams		
25. FUNERAL DIRECTOR			ADDRESS 1200 McCulloch St.		

V S 151 7206A 61



23  
52 0405

52 0405

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Herbert Broughton</b>		2. DATE OF DEATH <b>JAN 14 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOHNS HOPKINS HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, Essex</b>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural give location) <b>23 Terrace Road, 5300</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>7-5-94</b>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9B. KIND OF BUSINESS OR INDUSTRY <b>Western Union</b>	9. AGE (In years last birthday) <b>56</b>
10. FATHER'S NAME <b>Timothy Broughton</b>		11. BIRTHPLACE (State or foreign country) <b>Balts., Md.</b>	
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		13. CITIZEN OF WHAT COUNTRY?	
14. SOCIAL SECURITY NO.		15. MOTHER'S MAIDEN NAME <b>Cora Bankert</b>	
16. INFORMANT <b>JOHNS HOPKINS HOSPITAL</b>		ADDRESS	

18. <b>470.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <b>Hypertensive cardiovascular disease</b> DUE TO <b>Arteriosclerotic coronary artery disease with old post myocardial infarction</b> (B) <b>Arteriosclerotic coronary artery disease with old post myocardial infarction</b>	INTERVAL BETWEEN ONSET AND DEATH <b>11 years</b> <b>11 years</b> <b>Unknown</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	<b>Hypostatic bilobar pneumonia</b>	<b>± 20 days</b>
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>None</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <b>No accident</b>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) <b>Jan 14 1952</b>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>12-22-1951</b> to <b>1-14-1952</b> that I last saw the deceased alive on <b>1-14-1952</b> and that death occurred at <b>2:15 A. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Thomas E. Van Metre Jr. M.D.</b>		23B. ADDRESS <b>JOHNS HOPKINS HOSPITAL</b>		23C. DATE SIGNED <b>14 Jan 52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>Jan. 17-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore Cem.</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Md</b>		
DATE RECEIVED BY LOCAL REGISTRAR <b>AN 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>John G. Conolly - 418 Eastern Ave.</b>	
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52 0406BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0406  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>FREDERICK ECKMEYER</b>			2. DATE OF DEATH <b>Jan. 13, 1952</b>		
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland 2941 Erdman Ave.</b>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
7. Length of stay in Baltimore Yrs. Mos. Days			8. STREET ADDRESS (If rural, give location) <b>2941 Erdman Ave.</b>		
9. SEX <b>Male</b>	10. COLOR OR RACE <b>White</b>	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	12. DATE OF BIRTH <b>March 14, 1868</b>	13. AGE (In years last birthday) <b>83</b>	14. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Beverage Dealer- retail Beverages</b>			16. KIND OF BUSINESS OR INDUSTRY		
17. FATHER'S NAME <b>Henry Edmeyer</b>			18. BIRTHPLACE (State or foreign country) <b>Baltimore, Md.</b>		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>No.</b>			20. CITIZEN OF WHAT COUNTRY?		
21. SOCIAL SECURITY NO.			22. MOTHER'S MAIDEN NAME <b>--</b>		
23. ADDRESS			24. ADDRESS		
25. ADDRESS			26. ADDRESS		

18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <b>Myocardial Infarction</b> DUE TO <b>Arteriosclerotic Heart Disease</b> DUE TO <b>Arteriosclerosis</b> DUE TO <b>Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>gen.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) <b>1-12</b>		23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. HOW DID INJURY OCCUR?	
25. I hereby certify that I attended the deceased from <b>out</b> <b>1948</b> to <b>1-13</b> , 1952, that I last saw the deceased alive on <b>1-12</b> , 1952, and that death occurred at <b>12 P.m.</b> , from the causes and on the date stated above.					
26A. SIGNATURE <b>William L. Zeany</b>		26B. ADDRESS <b>2025 Belair Road</b>		26C. DATE SIGNED <b>1-15-52</b>	
27A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		27B. DATE <b>Jan. 16, 1952</b>		27C. NAME OF CEMETERY OR CREMATORY <b>Jerusalem</b>	
27D. LOCATION (City, town, or county) (State) <b>Baltimore, Md.</b>		27E. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>		27F. ADDRESS <b>Ulrich Funeral Home 2008 Orleans St.</b>	

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>HARRISON, HERBERT K.</b>			2. DATE OF DEATH <b>1/15/52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 30 25-52</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>St Agnes Hosp</b>			D. STREET ADDRESS (If rural, give location) <b>2818 MAUDLIN AVE</b>		
C. Length of stay in Baltimore <b>27</b>			E. DATE OF BIRTH <b>3/18/24</b>		
5. SEX <b>MALE</b>			6. COLOR OR RACE <b>White</b>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>			9. AGE (In years last birthday) <b>27</b>		
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PIPE FITTER</b>			11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		
13. FATHER'S NAME <b>EDWARD M. HARRISON SR</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>110-20-3229</b>		
17. INFORMANT <b>Edward M. Harrison Sr</b>			ADDRESS <b>2818 MAUDLIN AVE</b>		

18. <b>410X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Rheumatic C.V.D. &amp; Mitral Stenosis</b>		INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH (A) <b>Rheumatic C.V.D. &amp; Mitral Stenosis</b> (B) <b>Mitral Stenosis</b> (C) <b>Mitral Stenosis</b>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Perforated Peptic Ulcer</b>		

19A. DATE OF OPERATION <b>1/15/52</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <b>1/15/52</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/13</b> , 19 <b>52</b> , to <b>1/15</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1/15</b> , 19 <b>52</b> and that death occurred at <b>3:45</b> pm., from the causes and on the date stated above.					
23A. SIGNATURE <b>John C. Healy</b>		23B. ADDRESS <b>St Agnes Hosp</b>		23C. DATE SIGNED <b>1/15/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24B. DATE <b>1-17-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Landon Park</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. LOCATION (State) <b>Md</b>		24F. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
24G. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 15 1952</b>		24H. FUNERAL DIRECTOR <b>Walt &amp; Stricker</b>		24I. ADDRESS <b>117a</b>	

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52 0408BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0408

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Malinda Snowden</b>			2. DATE OF DEATH <b>1-11-52</b>		
3. PLACE OF DEATH A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Provident Hosp. + Free Dispensary</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
6. Length of stay in Baltimore <b>45 yrs.</b>			D. STREET ADDRESS (If rural, give location) <b>611 Brune St.</b>		
7. SEX <b>Female</b>	8. COLOR OR RACE <b>Negro</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	10. DATE OF BIRTH <b>2-22-1892</b>	11. AGE (In years last birthday) <b>59</b>	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			14. BIRTHPLACE (State or foreign country) <b>Maryland</b>		
15. FATHER'S NAME <b>William Gray</b>			16. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>NO</b>			18. SOCIAL SECURITY NO. <b>none</b>		
19. MOTHER'S MAIDEN NAME <b>Anna Gibson</b>			20. INFORMANT <b>Daughter - 611 Brune St.</b>		

18. <b>331X1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Cerebral Hemorrhage</b>	CAUSE OF DEATH <b>Hypertension</b>	INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Senile Dementia</b>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-6-</b> 19 <b>52</b> to <b>1-11-</b> 19 <b>52</b> , that I last saw the deceased alive on <b>1-11-</b> 19 <b>52</b> , and that death occurred at <b>11:30 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Rudolph A. Reil</b> M.D.		23B. ADDRESS <b>Provident Hospital</b>		23C. DATE SIGNED <b>1-12-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/16/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mem'l. Pk.</b>	
24D. LOCATION (City, town, or county) <b>Baltimore, Md.</b>		24E. REGISTRAR'S SIGNATURE <b>Huntington Williams, Jr.</b>		24F. FUNERAL DIRECTOR <b>Chas G Cooper</b>	
24G. ADDRESS <b>512 Carrollton Av.</b>		24H. SIGNATURE <b>Chas G Cooper</b>		24I. ADDRESS <b>512 Carrollton Av.</b>	





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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

52 0409

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

LUCIA DI MARCO

2. DATE OF DEATH

January 13 1952

3. PLACE OF DEATH:  
A. Baltimore City, Maryland 1603 E.29th St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. Length of stay in Baltimore

24 Years

Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1603 E. 29th St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

January 13 1865

9. AGE (In years last birthday)

87

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

11. BIRTHPLACE (State or foreign country)

Villaresa-Sicily-Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Francesco Di Giugno

14. MOTHER'S MAIDEN NAME

Giuseppa Pecora

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Charles Di Marco

ADDRESS

5019 Belair Rd.

18. 443 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Hypertensive Cardio-Vascular disease

DUE TO

(B) Senility

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

19. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1948 to Jan 13 1952, that I last saw the deceased alive on Jan 13 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Manuel Sodoro

23B. ADDRESS

4624 York Road

23C. DATE SIGNED

Jan 15 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 16 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd. Bal Md.

DATE RECEIVED BY

JAN 15 1952

REGISTER'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Spauldella

ADDRESS

322 S. High St.

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UNITED STATES DEPARTMENT OF THE INTERIOR

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BALTIMORE CITY HEALTH DEPARTMENT		52 0410	
CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.		52 0410	
1. NAME OF DECEASED (Type or Print) <i>Florence Kelley</i>		2. DATE OF DEATH <i>Jan. 14, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>27-18</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>5340 Beaufort Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Month of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>5340 Beaufort Ave.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>June 24, 1890</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>61</i>
13. FATHER'S NAME <i>Henry Hurst</i>		11. BIRTHPLACE (State or foreign country) <i>W. Virginia</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
17. INFORMANT <i>Mr. John Kelley</i>		ADDRESS <i>5338 Beaufort Ave.</i>	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Disease</i> (A) DUE TO ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <i>Wm. H. Kammer, Jr.</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	
23C. DATE SIGNED <i>Jan. 14, 1952</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 17, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Memorial Pk.</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY <i>JAN 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, Jr.</i>	
25. FUNERAL DIRECTOR <i>Wm. J. Pickner &amp; Sons</i>		ADDRESS <i>94a Balto Md</i>	

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John F. Steiner & Son  
Racine, Wis.

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52 0411BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0411

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Raymond R. Myers</b>		2. DATE OF DEATH <b>Jan. 14, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>2018 E. 31st St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 9-06</b>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2018 E 31st Street</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Sept. 20-1898</b>
11. AGE (In years last birthday) <b>53</b>		12. Under 1 Year Months: Days Under 24 Hours Hours: Min.	
13. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>Home Repair Work</b>		14. KIND OF BUSINESS OR INDUSTRY	
15. FATHER'S NAME <b>Clarence F. Myers</b>		16. MOTHER'S MAIDEN NAME <b>Blanche Raver</b>	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		18. SOCIAL SECURITY NO.	
19. INFORMANT <b>Mrs. Ruby Myers</b>		20. ADDRESS <b>-2018 E. 31st St</b>	

18. **E 976X**

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Shot Gun Wound of Chest**  
DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)  
DUE TO  
(C)OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.  
**Despondency**

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. UTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>2018 E. 31st St.</b>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>Jan. 14, 1952 8:45 A.M.</b>		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Shot self with gun</b>	
22. I certify that I took charge of the remains described above, held an <b>Inspection</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <b>Wm. H. Kammer, Jr.</b>		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED <b>Jan. 14, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-17-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park</b>	
24d. LOCATION (City, town, or county) (State) <b>Baltimore Md</b>		25. FUNERAL DIRECTOR <b>L. J. Ruck</b>		ADDRESS <b>5305 Harford</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AN 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		VS 151 <b>N-8624 55484 164c</b>	

HMC 82

HMC 82



Dr. Granger  
520 E 33rd ST



625-  
52 0413BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0413  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

William A. Harrison

2. DATE  
OF  
DEATH

1-11-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

3165 Leeds St.

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE  
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balto.

20-06

D. STREET ADDRESS (If rural, give location)

3165 Leeds St.

5. SEX

Male

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 2, 1897

9. AGE (In years,  
last birthday)

54

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Chauffeur

10B. KIND OF BUSINESS OR  
INDUSTRY

Trucking

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

William Harrison

14. MOTHER'S MAIDEN NAME

Eliza Fuller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

Blanch Harrison

ADDRESS 3165  
Leeds St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bronchogenic Carcinoma

DUE TO

INTERVAL BETWEEN  
ONSET AND DEATH

7

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1951, to Jan 11, 1952, that I last saw the  
deceased alive on Jan 7, 1952 and that death occurred at 5:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 15 1952

Huntington Williams, M.D.

135 W. Lanes St. Catonsville Md.



320  
52 0414

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0414  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Lucetta Pitts</b>		2. DATE OF DEATH <b>1-11-1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>149 Henrietta St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Balto.</b>	
6. Length of stay in Baltimore Yrs. <b>2301</b> Mos. Days		D. STREET ADDRESS (If rural, give location) <b>149 Henrietta St.</b>	
7. SEX <b>Female</b>	8. COLOR OR RACE <b>Col.</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	10. DATE OF BIRTH <b>Nov. 29, 1894</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		12. AGE (In years last birthday) <b>57</b>	
13. FATHER'S NAME <b>John Sawyer</b>		14. BIRTHPLACE (State or foreign country) <b>Elizabeth City N.C.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>Annie Holley</b>	
19. INFORMANT <b>Boulah Wright</b>		ADDRESS <b>Henrietta St.</b>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>443X I Chronic Hypertensive Cardiac Disease.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 6 months</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>June 18, 1951</b> to <b>Jan 11, 1952</b> that I last saw the deceased alive on <b>Jan 11, 1952</b> and that death occurred at <b>1:55 P.M.</b> from the causes and on the date stated above.			
23A. SIGNATURE <b>John R. Saines</b>		23B. ADDRESS <b>525 W. Hamburg St.</b>	
23C. DATE SIGNED <b>1/15/52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/16/1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>Balto. National</b>		24D. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 15 1952</b>		25. FUNERAL DIRECTOR <b>Wm. R. Williams</b>	
REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		ADDRESS <b>3209</b>	

100-100000

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

100-100000



525

52 0415

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 0415

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:  
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1951, to Jan 12, 1952, that I last saw the deceased alive on Jan 12, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR ADDRESS

VS 150

950 93

13. S. FORT AVE. 121a

MEDICAL CERTIFICATION

5110 55

UNITED STATES DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

5110 55

1 BD  
1/62 - 7.42

902 - 1.11

49-11-25



<b>660</b> <b>52 0416</b>		<b>CERTIFICATE CORRECTED</b> <u>3-6-52</u> <b>BALTIMORE CITY HEALTH DEPARTMENT</b> <b>CERTIFICATE OF DEATH</b>		<b>52 0416</b> Registered No. _____	
1. NAME OF DECEASED (Type or Print) <u>Mary T. Prauer (Also Known as Minnie T. Brauer)</u>				2. DATE OF DEATH <u>Jan. 13, 1952</u>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Maryland</u> b. COUNTY _____			
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>704 Cator Ave.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
d. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) <u>704 Cator Ave.</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 30, 1873</u>		9. AGE (In years last birthday) <u>78</u> If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>? Ryan</u>			14. MOTHER'S MAIDEN NAME <u>Nora T. Bolon</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. -----		17. INFORMANT ADDRESS <u>George F. Bauer 704 Cator Ave.</u>	
18. <u>4201</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Coronary Thrombosis</u> DUE TO <u>Arteriosclerosis</u>  (B) <u>Arterial hypertension.</u> DUE TO _____  (C) _____		INTERVAL BETWEEN ONSET AND DEATH  <u>12hrs.</u> <u>2 yrs.</u> <u>5yrs.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct. 5, 1950</u> to <u>Jan. 13, 1952</u> that I last saw the deceased alive on <u>Jan. 13 1952</u> and that death occurred at <u>3:45 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Ellen B. Ringwalt</u> M. D.		23B. ADDRESS <u>1613 E. North Ave.</u>		23C. DATE SIGNED <u>1-14-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>1/16/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine Park Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>AN 1 5 1952</u>		REGISTRAR'S SIGNATURE <u>Wilmington Williams M.D.</u>		25. FUNERAL DIRECTOR <u>John A. Moran</u> ADDRESS <u>3000 E. Balto. St.</u>	
VS 150 <u>95203004</u> <u>1613 E. North Ave.</u> <u>94a</u>					



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540 52 0417		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 0417 Registered No.	
1. NAME OF DECEASED (Type or Print) <b>HAMMEL, GEORGE W</b>			2. DATE OF DEATH <b>Jan. 14, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1918 Kennedy Ave.</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Month of stay in Baltimore ----- Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <b>1918 Kennedy Ave.</b> <b>9-08</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Nov. 10, 1881</b>	9. AGE (In years last birthday) <b>70</b> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired (Machinest)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Factory</b>	11. BIRTHPLACE (State or foreign country) <b>Penna.</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>John G. Hammel</b> <b>(M)</b>			14. MOTHER'S MAIDEN NAME <b>Pattie Carter</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----	17. INFORMANT ADDRESS <b>Miss Zora Hammel 1918 Kennedy Ave.</b>		
18. <b>420.0</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Anteriosclerotic Heart Disease</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-2</b> 19 <b>52</b> to <b>1-14</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1-14</b> , 19 <b>52</b> , and that death occurred at <b>11:45</b> Am., from the causes and on the date stated above.					
23a. SIGNATURE <b>Jerome Gaber</b>		23b. ADDRESS M. D. <b>1104 E. College Lane</b>		23c. DATE SIGNED <b>1-14-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/16/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Balto. Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>AN 15 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>John A. Moran 3000 E. Balto. St.</b>	

VS 150  
54444  
0416  
NE Lewis  
937

7110

5

7110

200  
52 0418BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0418

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Nicholas Hock

2. DATE  
OF  
DEATH

Jan. 14th. 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

112 N. Glover St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

6-02

D. STREET ADDRESS (If rural, give location)

112 N. Glover St.

E. Length of stay in Baltimore

life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12-12-1875

9. AGE (In years last birthday)

76

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Saleman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Geo. Zieler

14. MOTHER'S MAIDEN NAME

Sophia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Anna Hock

ADDRESS

112 N. Glover St.

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

2 days

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK

NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/10 to 1/14, 1952, that I last saw the deceased alive on 1/12, 1952, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-18-1952

Holy Redeemer

Baltimore

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John A. Moray

3000 E. Baltimore St.

VS 150

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1110

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530  
52 0419

52 0419

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Harry Wyant

2. DATE

OF

DEATH Jan. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

5513 Braband Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5513 Braband Rd.

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 5, 1900

9. AGE (In years last birthday)

51

10 Under 1 Year

Months: Days

10 8

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Balto. Gas &amp; Light

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John W. Wyant

LGTG FIX. (A)

14. MOTHER'S MAIDEN NAME

Albertha C. Kessler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Carrie M. Wyant

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

(B)

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

13 1/2 hrs

9 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/23, 1942 to 1/14, 1952, that I last saw the deceased alive on 4/15, 1952, and that death occurred at 2:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Eliot W. Johnson, M.D.

M. D.

23B. ADDRESS

3432 Frederick Ave

23C. DATE SIGNED

1/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Jan. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1913 W. Balto. St.

WALL  
POSTED  
BONDED  
ROCK



536  
52 0420

52 0420

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <i>Estella Paynter</i>			2. DATE OF DEATH <i>Jan-11-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>529 Wilson St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-02</i>		
C. Length of stay in Baltimore <i>Life</i> Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>529 Wilson St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Nov. 6, 1903</i>		9. AGE (In years, last birth day) <i>48</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
<i>Domestic</i>		<i>Private Family</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Alfred Stevens</i>			14. MOTHER'S MAIDEN NAME <i>Martha Carr</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Irish Hall 529 N. Bond St</i>	

18. <i>420-1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cause of Death: Bronchial Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>History Indefinite</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i>		(A) DUE TO _____	
(B) DUE TO _____		(C) DUE TO _____	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) <i>Jan 10, 1952, 7:15 P.M.</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan 10, 1952</i> , to <i>Jan 11, 1952</i> , that I last saw the deceased alive on <i>Jan 11, 1952</i> , and that death occurred at <i>7:15 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. Garland Churchill</i>		23B. ADDRESS <i>1534-1536 N. Bond St</i>		23C. DATE SIGNED <i>Jan 13, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan. 15, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arboretum Cem., Baltimore</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Henry P. Wilson</i>		ADDRESS <i>1000 Brantley Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Jan 15 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		7208A	

THE UNIVERSITY OF CHICAGO  
LIBRARY

*[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]*

160 52 0421		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 0421	
BIRTH NO. M-460		Registered No.			
1. NAME OF DECEASED (Type or Print) <b>HERMANN OTTO MUELLER</b>		2. DATE OF DEATH <b>JANUARY 14, 1952</b>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY			
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>27 N. CAPEY STREET</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE</b>			
6. Length of stay in Baltimore <b>27 yrs.</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>2115 Booth St. 20.04</b>			
7. SEX <b>MALE</b>	8. COLOR OR RACE <b>white</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	10. DATE OF BIRTH <b>MARCH 31, 1881</b>	11. AGE (In years last birthday) <b>70</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BUTCHER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>MEAT PACKING</b>		11. BIRTHPLACE (State or foreign country) <b>GERMANY</b>	
13. FATHER'S NAME <b>OTTO MUELLER</b>		14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>215-07-8424A</b>		17. INFORMANT ADDRESS <b>Madeline Kaminsky 2115 Booth St.</b>	
18. <b>443 X 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>CAUSE OF DEATH</b> (A) <b>Hypertensive Cardiovascular disease</b> DUE TO <b>Chronic Myocarditis</b> (B) <b>Terminal Uremia</b> DUE TO <b>Dehydration and inanition</b> (C)		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>5 Jan, 1952</b> to <b>14 Jan, 1952</b> that I last saw the deceased alive on <b>14 Jan, 1952</b> , and that death occurred at <b>10 A m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>J. E. Muse Jr.</b>		23B. ADDRESS <b>5 West 29th St. (18)</b>		23C. DATE SIGNED <b>15 Jan 52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24B. DATE <b>1-16-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>WILKINSON PARK</b>	
24D. LOCATION (City, town, or county) (State) <b>BALTIMORE, Md.</b>		25. FUNERAL DIRECTOR <b>Geo. D. Schweb</b>		25. ADDRESS <b>2101 Frederick Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 16 1952</b>		VS 150 69040 93D			



40

52 0422

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0422

Registered No.

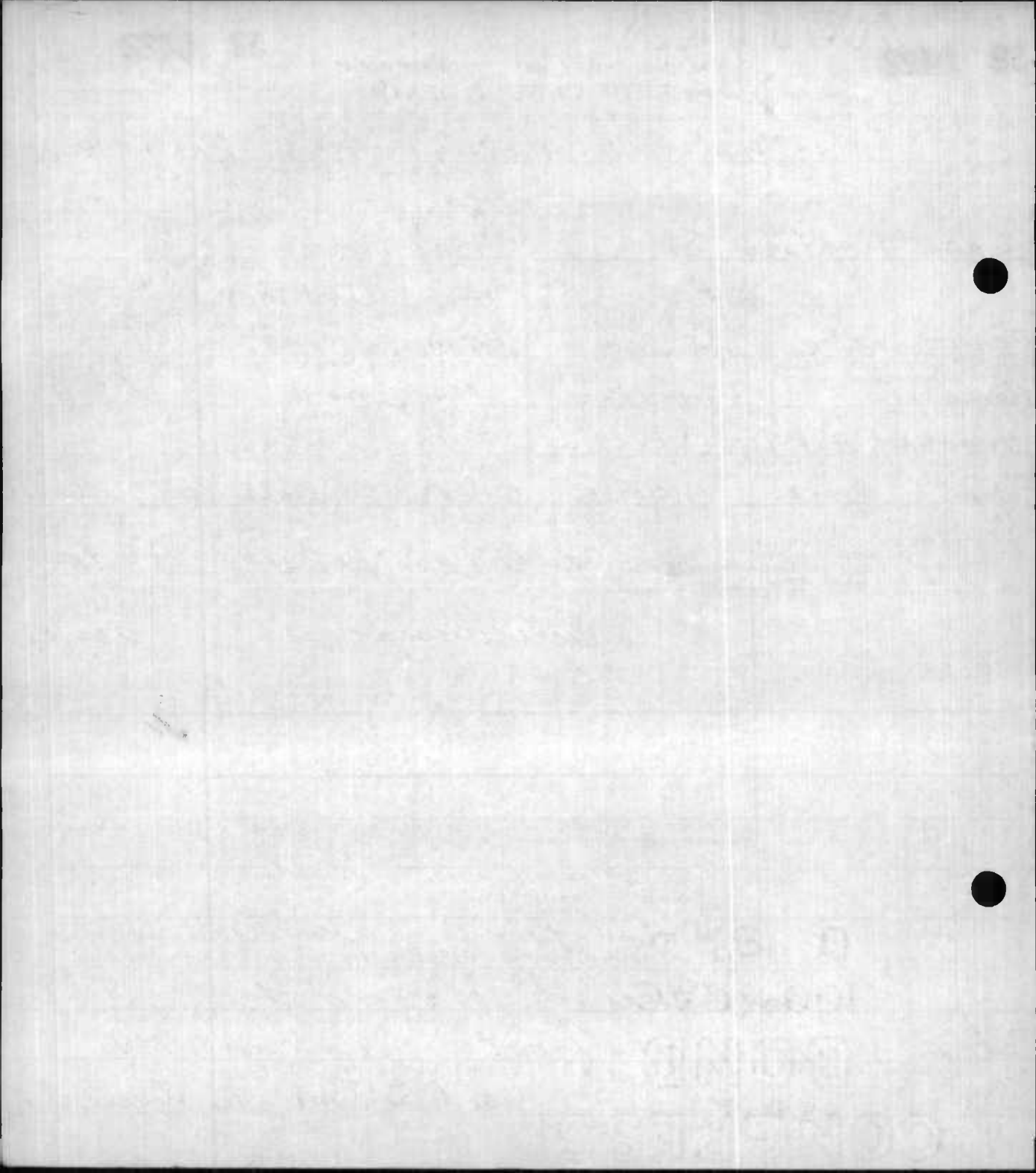
BIRTH NO. R. 240

1. NAME OF DECEASED (Type or Print) <b>MARTHA ANN RUSSELL</b>			2. DATE OF DEATH <b>JAN. 14, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>MARYLAND</b> B. COUNTY <b>BALTIMORE</b>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>3025 STAFFORD ST.</b>			6. STREET ADDRESS (If rural, give location) <b>3025 STAFFORD ST.</b>		
7. Length of stay in Baltimore <b>LIFE</b>			8. DATE OF BIRTH <b>Sept. 14, 1864</b>		
9. SEX <b>FEMALE</b>			10. AGE (In years last birthday) <b>87</b>		
11. COLOR OR RACE <b>white</b>			12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			14. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		
15. FATHER'S NAME <b>Abraham H. P. Lynch</b>			16. MOTHER'S MAIDEN NAME <b>Un Known</b>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			18. SOCIAL SECURITY NO. <b>NONE</b>		
19. ADDRESS <b>R. Herbert Russell 3025 Stafford St.</b>					

18. <b>4500</b>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <b>Acute Heart FAILURE</b>		<b>2 days</b>	
ANTECEDENT CAUSES		DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <b>Arteriosclerosis</b>		<b>20 years</b>	
		DUE TO			
		(C)			

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. TIME (Month) (Day) (Year) (Hour) <b>0</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 15, 1950</b> to <b>Jan 13, 1952</b> , that I last saw the deceased alive on <b>Jan 13, 1952</b> , and that death occurred at <b>2:50 P. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Ethel Davis</b>		23B. ADDRESS <b>800 W. 33rd St.</b>		23C. DATE SIGNED <b>1-15-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1-17-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>	
24D. LOCATION (City, town, or county) <b>BALTIMORE, Md.</b>		25. FUNERAL DIRECTOR <b>Geo. A. Schwab</b>		25. ADDRESS <b>2101 Frederick Ave.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 16 1952</b>		REGISTRAR'S SIGNATURE <b>for Williams</b>			





52 0423

52 0423

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Length of stay in Baltimore

6 weeks

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.  
Mos.  
Days

8. DATE OF BIRTH

4-28-51

9. AGE (In years

last birthday)

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ala

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Stewart

14. MOTHER'S MAIDEN NAME

Helen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Post operative thoracotomy

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Congenital heart disease

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 day

life.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

1-14-52

19b. MAJOR FINDINGS OF OPERATION

Patent ductus arteriosus; Eisenmenger's syndrome

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/5, 1951, to 1/15, 1952 that I last saw the deceased alive on 1/15, 1952, and that death occurred at 9 A.M., from the causes and on the date stated above.

23a. SIGNATURE

Dwight C. McLean

M. D.

23b. ADDRESS

JOHNS HOPKINS HOSPITAL

23c. DATE SIGNED

1-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JAN 16 1952

Huntington Williams, M.D. 1802 Entand place



1510 32

52 0424

52 0424

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Jessie Kolodner

2. DATE  
OF  
DEATH

January 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE 2326 Anoka Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 15-05

D. STREET ADDRESS (If rural, give location)

2326 Anoka Ave

C. Month of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1885

9. AGE (In years last birthday)

67

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Seamstress shirtwaist

10B. KIND OF BUSINESS OR INDUSTRY

Factory

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Kolodner

14. MOTHER'S MAIDEN NAME

Gertrude Halpern

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

Yes, no or unknowns

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Moses Zalis 2326 Anoka Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Carcinoma of Breast

3yr

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

May 1949

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from 1949 to Jan 15, 1952 that I last saw the deceased alive on Jan 15, 1952 and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

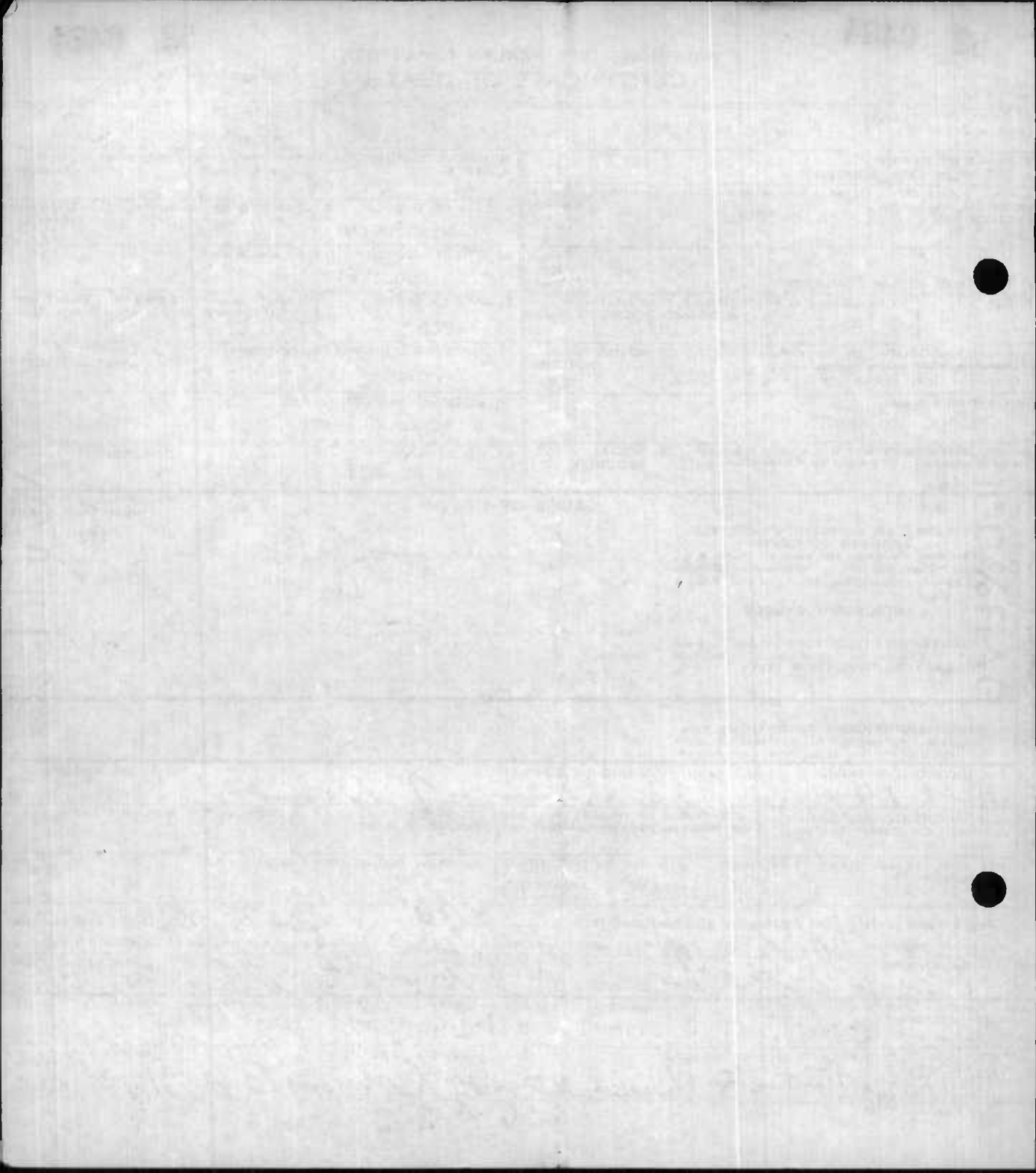
ADDRESS

VS 150

690 484 23

50

MEDICAL CERTIFICATION



045  
52 0425BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

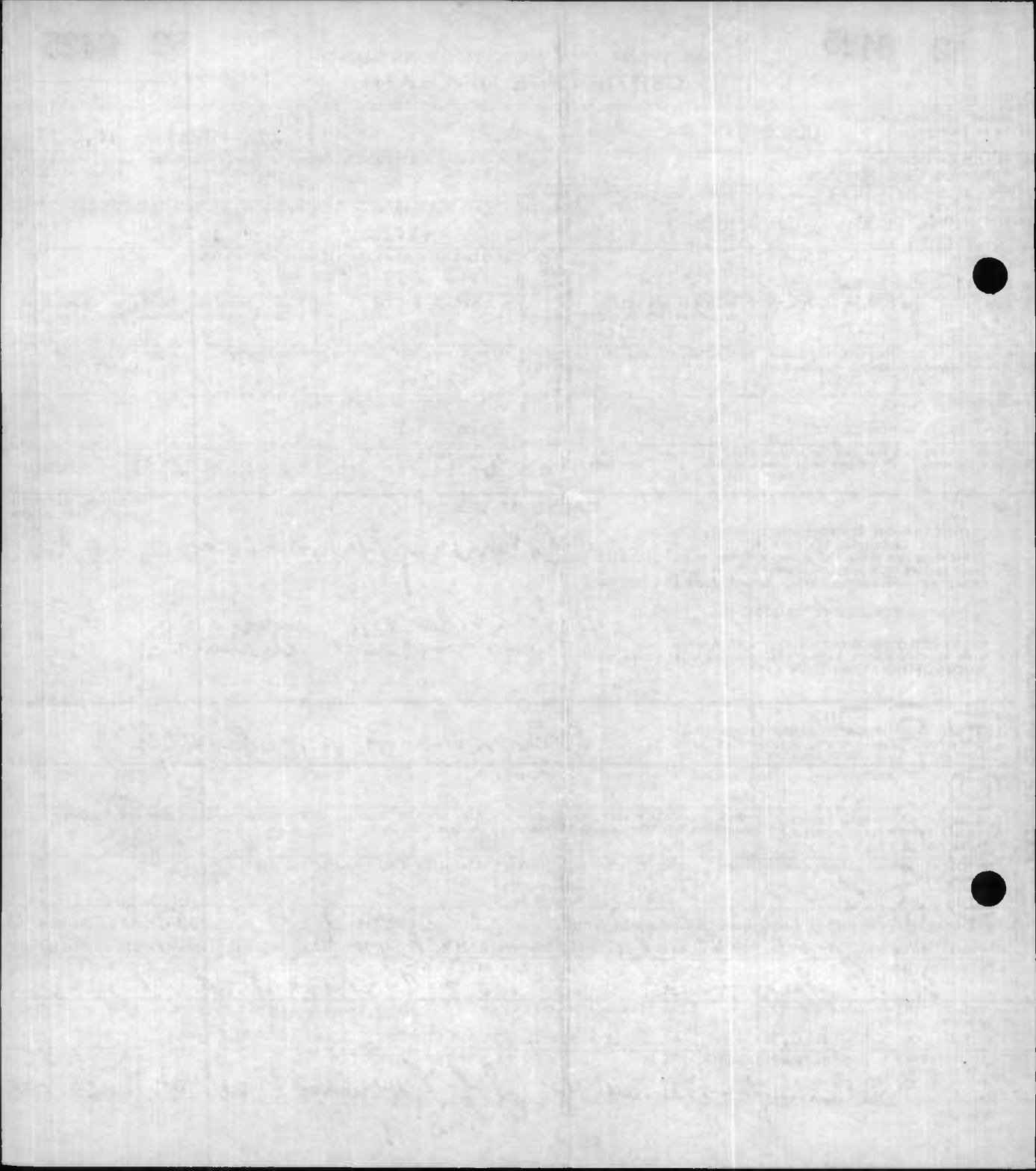
52 0425

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Simon Grollman		2. DATE OF DEATH January 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2608 Loyola Southway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13	
6. Length of stay in Baltimore 30 Yrs		D. STREET ADDRESS (If rural, give location) 2608 Loyola Southway	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1867
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer Live Stock		9. AGE (In years last birthday) 85	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer Live Stock		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Latvia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Solomon Grollman		14. MOTHER'S MAIDEN NAME Etta ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Bessie Grollman		ADDRESS 2608 Loyola Southway	

18. 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary Thrombosis DUE TO (B) Arteriosclerotic Cardio-vascular Disease DUE TO (C) Benign Prostatic Hypertrophy		INTERVAL BETWEEN ONSET AND DEATH one hour ? ?
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1948 to 1-15-52, that I last saw the deceased alive on Jan 4, 1952 and that death occurred at 1:45 P. m., from the causes and on the date stated above.		
23A. SIGNATURE H. D. Insomman	23B. ADDRESS 1109 N. Calvert St	23C. DATE SIGNED 1-15-52
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial	24B. DATE Jan 16, 1952	24C. NAME OF CEMETERY OR CREMATORY Anshei Emunah Cong Cemetery
24D. LOCATION (City, town, or county) Baltimore Md		25. FUNERAL DIRECTOR Sol Leverson Buss W North ave
DATE RECEIVED BY LOCAL REGISTRAR JAN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.



60

52 0426

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0426

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

JACOB MILLER

2. DATE  
OF  
DEATH

January 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

5112 Pembridge Avenue

C. Length of stay in Baltimore

45 yrs.

Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR INDUSTRY

wholesale Paper

13. FATHER'S NAME

Abraham Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-03-4515

8. DATE OF BIRTH

April 18 1885

9. AGE (In years last birthday)

66

# Under 1 Year

# Under 24 Hours

Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Mrs. Anna Miller-5112 Pembridge Avenue

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

acute myocardial infarction  
coronary thrombosis

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

acute myocardial infarction  
chronic heart disease

DUE TO

(C)

6 hrs.

3 1/2 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1949 to Jan 15, 1952, that I last saw the deceased alive on Jan 15, 1952, and that death occurred at 11:54 a.m. from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/16/52

24C. NAME OF CEMETERY OR CREMATORY

Enai Israel Cong.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

ADDRESS

JAN 16 1952

Huntington Williams, M.D.

Sal. Lennison &amp; Bros - 112 4-26 W

VS 150

29068

92c North Ave.

MEDICAL CERTIFICATION







52 0427

52 0427

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Cora Jordan

2. DATE  
OF  
DEATH

Jan 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

523 W Lafayette Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

6. STREET ADDRESS (If rural, give location)

523 W. Lafayette Ave

c. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Oct 1, 1882

9. AGE (In years last birthday)

69

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Barnes

14. MOTHER'S MAIDEN NAME

Mary Cagers

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Cora Stevens 523 W Lafayette Ave

18. 4 yr. 1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARDIO VASCULAR DISEASE

2 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) BROKEN COMPENSATION

6 Mo's

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from JUNE 10, 1949, to JAN 14, 1952, that I last saw the deceased alive on JAN 13, 1952, and that death occurred at 2:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. William Frey

M. D.

23B. ADDRESS

1928 Penna Ave

23C. DATE SIGNED

1/15/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

1-17-52

Arbutus

md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 16 1952

Huntington Williams, M.D.

Geo. E. Kibore

1303 Prattman St

93D

MEDICAL CERTIFICATION

1970 27

1970 27

*[Faint, illegible handwriting and bleed-through text visible across the page]*

52 0428

52 0428

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-26408

1. NAME OF DECEASED  
(Type or Print)

GEORGE THOMAS, JR.

2. DATE  
OF  
DEATH

1-14-52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

(If not in hospital or institution, give street address or location)

PROVIDENT HOSEA + FREE DISPENSARY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

19-01

D. STREET ADDRESS (If rural, give location)

335 N. STRICKER

c. Length of stay in Baltimore

2 Yrs. Mos. Days

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

SINGLE

B. DATE OF BIRTH

11-8-51

9. AGE (In years  
last birthday)11 Under 1 Year  
Months: Days: 2 610A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

GEORGE THOMAS, SR.

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

FATHER

BALT. MD.

18. 571.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

ACIDOSIS

24 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) DUE TO

DEHYDRATION

48 hrs

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

DIARRHEA

72 hrs

NASO PHARYNGITIS

72 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14, 1952 to 1-14, 1952 that I last saw the  
deceased alive on 1-14, 1952 and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph A. Reid M.D.

1503 Prestman St

1-14-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

1-17-52

Mt Calvary

MD

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 16 1952

Huntington Williams, M.D.

1503 Prestman St

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*

20 52 0429

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0429

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Aibay Issac

2. DATE  
OF  
DEATH

1.13.52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

Balto. Md.

b. FULL NAME OF  
HOSPITAL OR  
INSTITUTION  
(If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balto.

19-01

d. STREET ADDRESS (If rural, give location)

337 N. Calhoun St

c. Length of stay in Baltimore

Like

Yrs.  
Mos.  
Days

5. SEX

M.

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Feb 22, 1898

9. AGE (In years,  
last birthday)

53

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR  
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Seff Isaac

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

Bernard Giddens 337 N. Calhoun St

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, nephritis, etc. It means the disease,  
injury or complication which caused death.)(A) Carcinoma of stomach a. secondary  
of the liver

2+ years

ANTECEDENT CAUSES

(B) Congestive Heart Failure

3+ months

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)  
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 1.12, 1952 to 1.13, 1952 that I last saw the  
deceased alive on 1.13, 1952, and that death occurred at 1230 a.m., from the causes and on the date stated above.

23a. SIGNATURE

Dr. G. Gionondski

M. D.

23b. ADDRESS

Provident Hospital

23c. DATE SIGNED

1.13.52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

1-16-52

24c. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24d. LOCATION (City, town, or county) (State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Rev. G. K. Kelson

ADDRESS

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JAN 16 1952

VS 150

97099

1303 Presstman St

MEDICAL CERTIFICATION

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52 0430

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0430  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MENDEL (MANNY) BREYER

2. DATE  
OF  
DEATH

1-14-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

121 No Paterson Park Ave

C. Length of stay in Baltimore

44 Yrs.  
Mos.  
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR  
INDUSTRY

mens

13. FATHER'S NAME

Louis

PROP. (R)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

4-9

9. AGE (In years  
last birthday)If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
M. Peregoff, Frederick Md

18. 4-20-1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

arteriosclerosis.

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

3 min.

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25, 1951, to Jan 14, 1952, that I last saw the  
deceased alive on Jan 12, 1952, and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

E. H. Fortune Jr.

M. D.

23B. ADDRESS

2706 St Paul St

23C. DATE SIGNED

1/15/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1-16-52

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Balt Md

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 16 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

3100 Canton Rd



Mortimer  
2706 St Paul St  
1 P M

---

52 0431

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0431

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MARTA SCALLIO

2. DATE  
OF  
DEATH

Jan. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION 4405 Bayonne Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Md.  
B. COUNTY BaltimoreC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore 26-01C. Length of stay in Baltimore  
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)  
4405 Bayonne Ave.5. SEX female  
6. COLOR OR RACE white  
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married8. DATE OF BIRTH Apr. 1, 1876  
9. AGE (In years last birthday) 75  
If Under 1 Year Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife  
10B. KIND OF BUSINESS OR INDUSTRY at home11. BIRTHPLACE (State or foreign country) Italy  
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Nicholas Calderone

14. MOTHER'S MAIDEN NAME

Gilorma Bondi

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Mr. Michael Maltese - 18 S. East Ave.

18. 443X

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) Cerebral Hemorrhage  
DUE TO

6 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease  
DUE TO  
(C)

many yrs.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Jan 14, 1952, that I last saw the deceased alive on Jan 13, 1952, and that death occurred at 4:03 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24B. DATE 1/18/52

24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State) Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

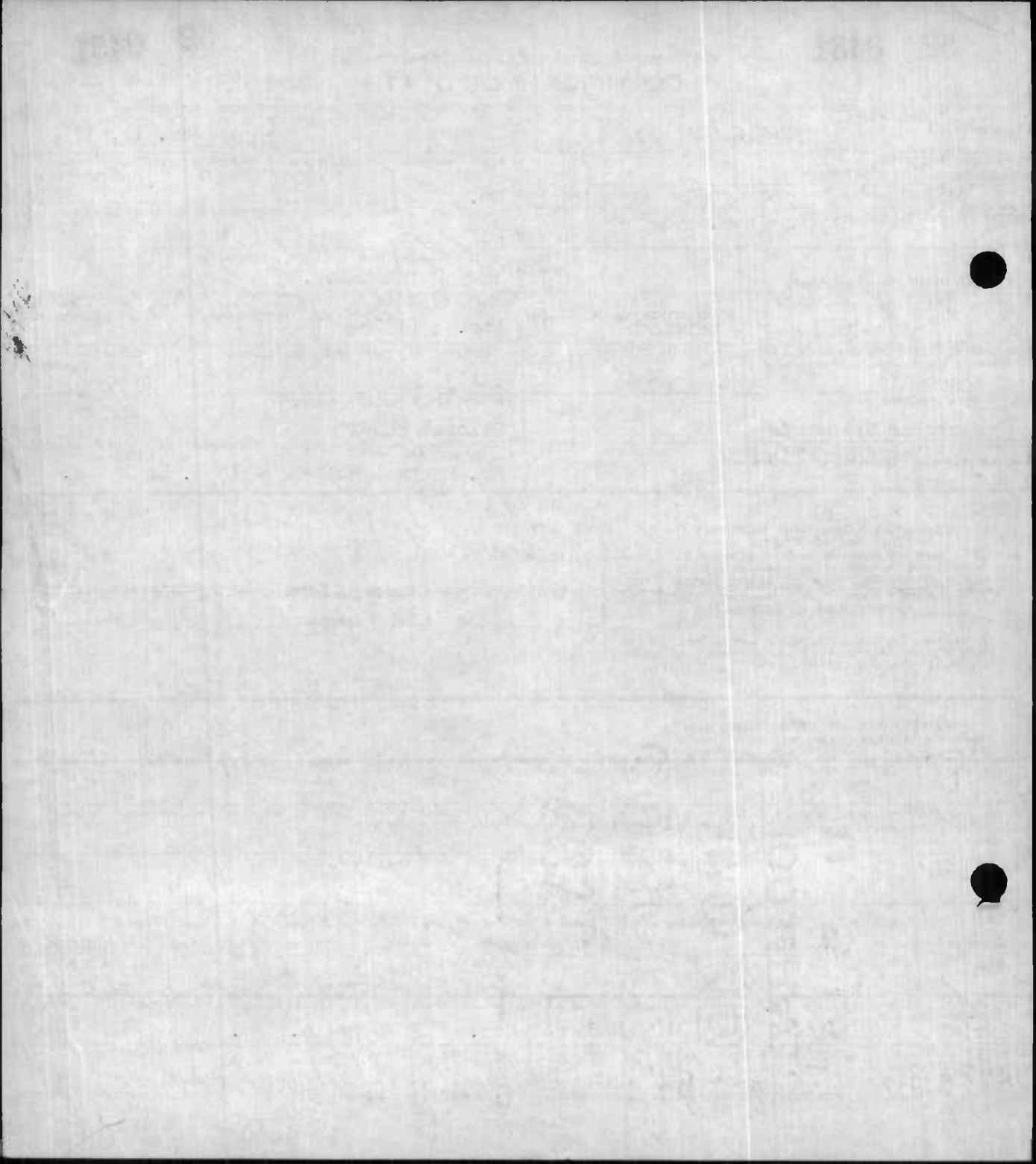
ADDRESS

JAN 16 1952

Huntington Williams, M.D.

J. J. Dickener &amp; Sons

937 Balto 17, Md.



52 0432

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0432

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

FRANCIS G. LEACH

2. DATE  
OF  
DEATH

14 Jan. 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland LUTHERAN HOSP.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

LUTHERAN HOSP. OF MD.

C. Length of stay in Baltimore

57

Yrs.  
Mos.  
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LATHER

10B. KIND OF BUSINESS OR INDUSTRY

CARPENTER

13. FATHER'S NAME

GEORGE LEACH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

8. DATE OF BIRTH

SEPT 29, 1886

9. AGE (in years  
last birthday)

65

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

CANADA

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

HANNA Fleetwood

17. INFORMANT

WIFE

ADDRESS

5416

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) RUPTURE OF SIGMOID

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) INTESTINAL OBSTRUCTION

DUE TO

(C) CARCINOMA OF SIGMOID

II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

none

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1952 to 1-14, 1952, that I last saw the deceased alive on 1-14, 1952 and that death occurred at 4:50 pm., from the causes and on the date stated above.

23A. SIGNATURE

William O. Bennett

23B. ADDRESS

Lutheran Hospital Md.

23C. DATE SIGNED

1-14-52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/17/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Mausoleum

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

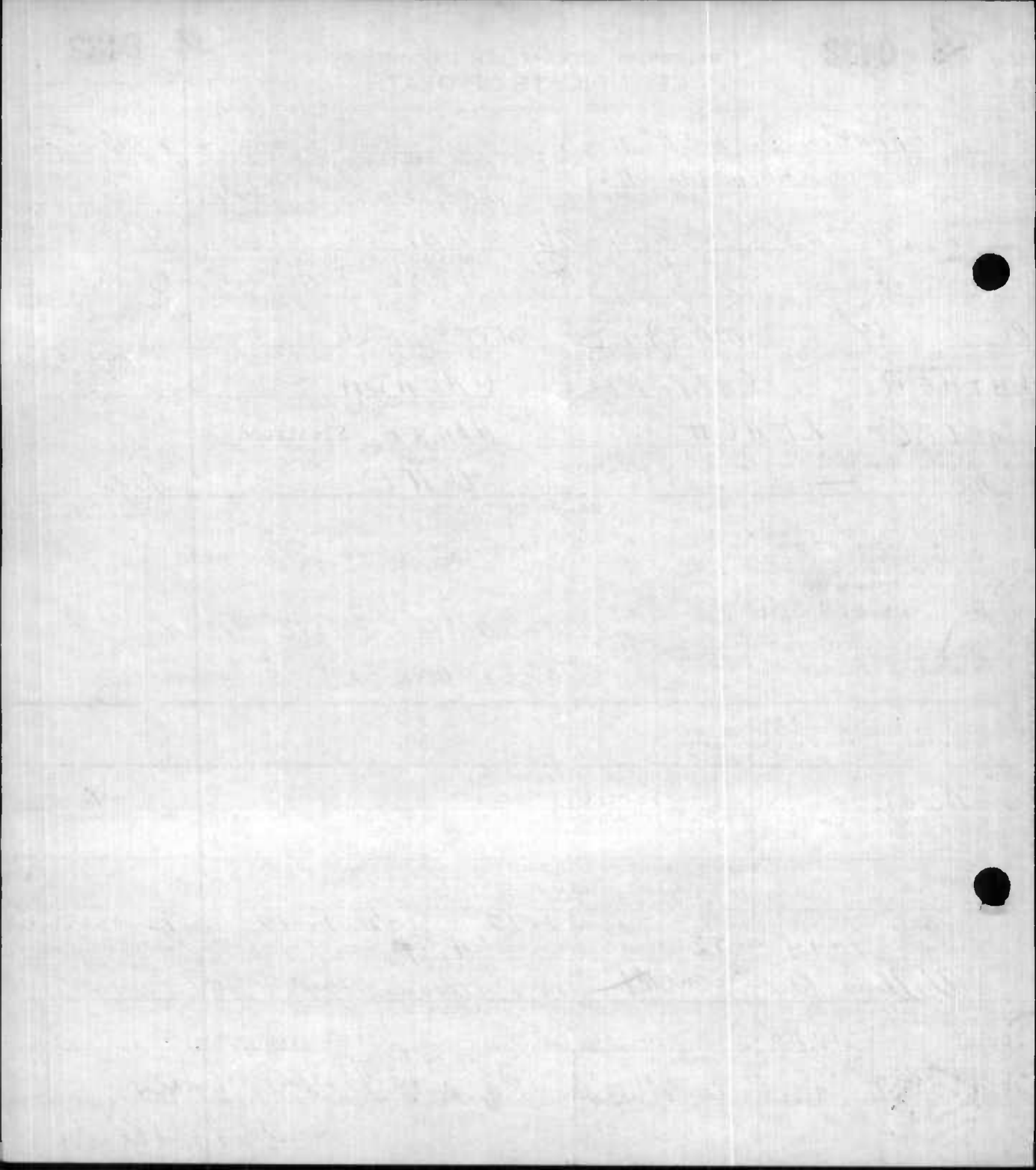
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Pickens &amp; Sons 46E

ADDRESS

Baltimore 17, Md.



300  
52 0433BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0433

Registered No.

BIRTH NO. 51-13576

1. NAME OF DECEASED  
(Type or Print)

BERTHA LOUISE WHITE

2. DATE  
OF  
DEATH

January 13, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland Balto. City

b. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

Yrs.  
Mos.  
Days

c. Length of stay in Baltimore Life

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July-16-1951

9. AGE (In years  
last birthday)If Under 1 Year  
Months Days  
510a. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR  
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

Roosevelt White

14. MOTHER'S MAIDEN NAME

Margaret Pulhame

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

Yes, no or unknown

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Roosevelt White 610 N. Bond St

18. 3912

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bilateral otitis media

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE, (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21b. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21d. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21f. HOW DID INJURY OCCUR?

I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
M.D. MEDICAL INVESTIGATOR.....23c. DATE SIGNED  
Jan. 14, 195224a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

1/16/1952

Mt Calvary Cem.

Brooklyn Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 16 1952

Huntington Williams, M.D.

Ernest A. Wilkey 1000 Brantly ave

3810 52

3810 52





52 0434

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0434  
Registered No.

BIRTH NO. 610		1. NAME OF DECEASED (Type or Print) <b>Michael Joseph Garvey</b> <b>MICHAEL J. GARVEY</b>		2. DATE OF DEATH <b>January 14, 1952</b>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <b>Maryland</b> b. COUNTY		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Maryland General Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Unknown</b>		<b>1543 Linden St.</b>	
c. Length of stay in Baltimore <b>Life</b>		8. DATE OF BIRTH <b>Feb. 8th., 1908</b>		9. AGE (In years last birthday) <b>43</b> If Under 1 Year: Months <b>II</b> Days <b>6</b> If Under 24 Hours: Hours <b>6</b> Min.	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Book-keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Burner Mfg.</b>		11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>	
13. FATHER'S NAME <b>Michael J. Garvey</b>		14. MOTHER'S MAIDEN NAME <b>Catherine A. Craig</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>216-03-5052</b>		17. INFORMANT ADDRESS <b>Mrs. Catherine A. Garvey-1543 Linden Street</b>	

18. **581.0** CAUSE OF DEATH

I  
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fatty liver**

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an **Partial Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE <i>William W. Williams</i>		23b. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23c. DATE SIGNED <b>Jan. 14, 1952</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 17th., 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Belair Rd. Balto: Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 16 1952</b>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS <b>George J. Rath, Inc. - 1735 Harford Avenue</b>
--	---	---

1. The first part of the document is a list of names and addresses. The names are: John Doe, Jane Smith, and Bob Brown. The addresses are: 123 Main St, 456 Elm St, and 789 Oak St.

2. The second part of the document is a list of names and addresses. The names are: Alice White, Bob Black, and Charlie Green. The addresses are: 101 Main St, 202 Elm St, and 303 Oak St.

3. The third part of the document is a list of names and addresses. The names are: David Blue, Eve Red, and Frank Yellow. The addresses are: 404 Main St, 505 Elm St, and 606 Oak St.

4. The fourth part of the document is a list of names and addresses. The names are: Grace Purple, Henry Pink, and Irene Grey. The addresses are: 707 Main St, 808 Elm St, and 909 Oak St.

5. The fifth part of the document is a list of names and addresses. The names are: Jack Orange, Karen Silver, and Larry Gold. The addresses are: 1010 Main St, 1011 Elm St, and 1012 Oak St.

6. The sixth part of the document is a list of names and addresses. The names are: Mary Bronze, Nick Copper, and Olivia Iron. The addresses are: 1013 Main St, 1014 Elm St, and 1015 Oak St.

7. The seventh part of the document is a list of names and addresses. The names are: Paul Tin, Rachel Lead, and Sam Zinc. The addresses are: 1016 Main St, 1017 Elm St, and 1018 Oak St.

8. The eighth part of the document is a list of names and addresses. The names are: Tina Nickel, Victor Platinum, and Wendy Silver. The addresses are: 1019 Main St, 1020 Elm St, and 1021 Oak St.

9. The ninth part of the document is a list of names and addresses. The names are: Xavier Gold, Yvonne Bronze, and Zachary Copper. The addresses are: 1022 Main St, 1023 Elm St, and 1024 Oak St.

52

0435

CERTIFICATE CORRECTED 1-18-52

52 0435

BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Fred Hinsch</i>		2. DATE OF DEATH <i>January 15, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Washington</i>			
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Hagerstown</i>			
6. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <i>1329 The Terrace</i>		7103	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1-24-85</i>	9. AGE (In years; last birthday) <i>66</i>	11. BIRTHPLACE (State or foreign country)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Adolph Hinsch</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Brinkman</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMATION ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

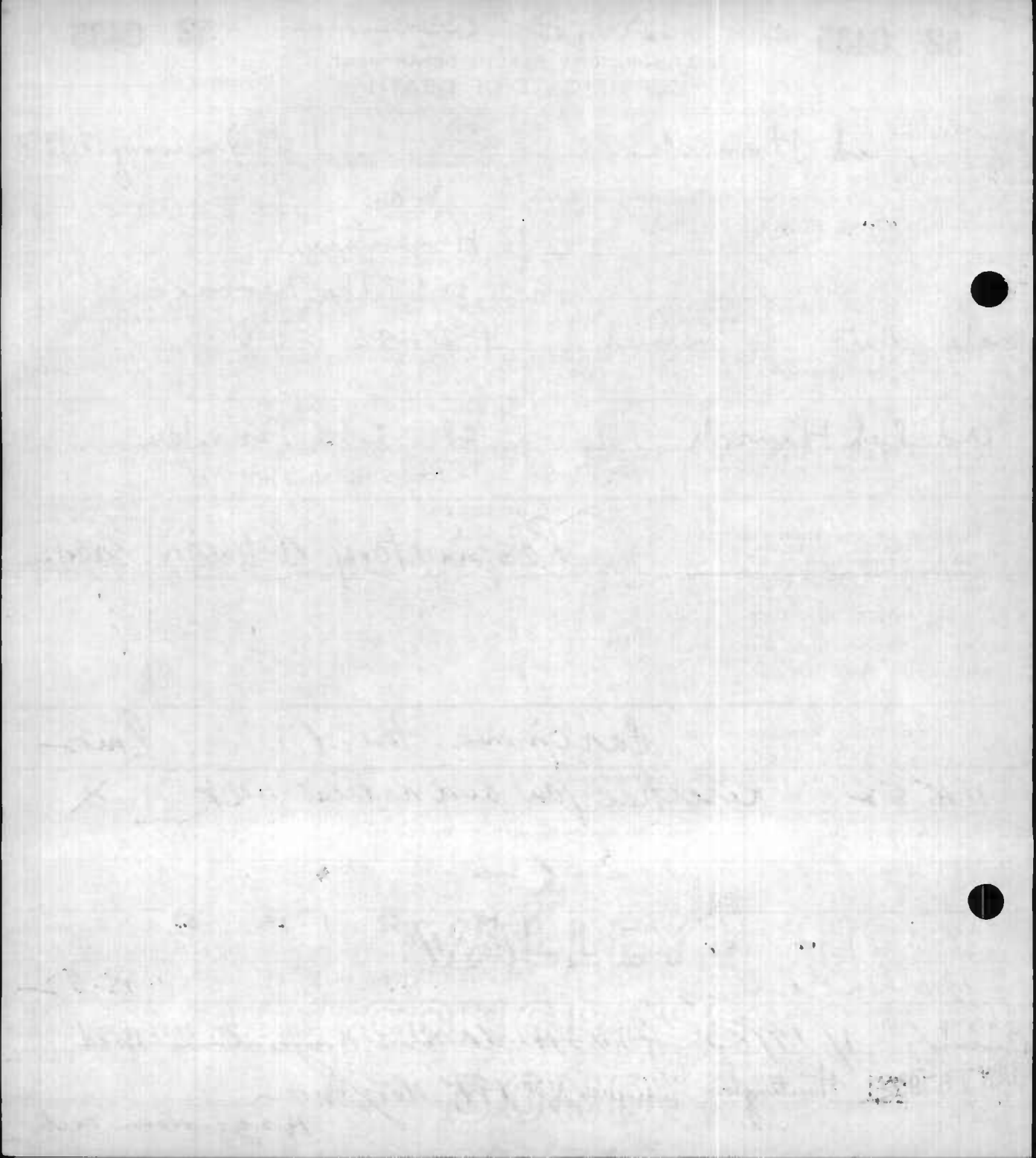
18. <i>145X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH <i>Respiratory obstruction</i>	INTERVAL BETWEEN ONSET AND DEATH <i>Sudden</i>
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

*Carcinoma tonsil*

*8 mos*

19a. DATE OF OPERATION <i>1-15-52</i>	19b. MAJOR FINDINGS OF OPERATION <i>Resection jaw and radical neck</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>1-13</i> , 1952, to <i>1-15</i> , 1952 that I last saw the deceased alive on <i>1-15</i> , 1952, and that death occurred at <i>7:30 p.m.</i> , from the causes and on the date stated above.		
23a. SIGNATURE <i>James Kaneel MD</i>	23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23c. DATE SIGNED <i>1-15-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1/19/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Brookville Cemetery</i>
24d. LOCATION (City, town, or county) (State) <i>Brookville, Jefferson County Md.</i>		25. FUNERAL DIRECTOR <i>Hagerstown Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 16 1952</i>		
REGISTRAR'S SIGNATURE <i>Huntington Williams MD</i>		
ADDRESS <i>45F Hagerstown Md.</i>		



52 0436

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0436

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

Watt Durham

2. DATE  
OF  
DEATH

Jan. 15, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Md B. COUNTY Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-01

6. Length of stay in Baltimore

Yrs.  
Mos.  
Days

D. STREET ADDRESS (If rural, give location)

1415 E. Preston St

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) 10. Under 1 Year 11. Under 24 Hours

11. BIRTHPLACE (State or foreign country)

10-25-88 63 Mo. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

June Durham

14. MOTHER'S MAIDEN NAME

Caroline Ford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL ADDRESS

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(A) aspiration pneumonia

3 days

DUE TO

(B) multiple myeloma

1 month

DUE TO

(C)

arteriosclerosis + hypertensive cardio vascular disease

20 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ ND ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/11 1951, to 1/15 1952 that I last saw the deceased alive on 1/15 1952 and that death occurred at 8:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard J. Johns

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

15 Jan 52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S ADDRESS

1304 N. Central Ave

JAN 16 1952

Huntington Williams, M.D.

Joseph B. Lock, Jr.

3810

87

3810

87

on 12/20/87

VAT  
CORP  
BOW



162  
52 0437BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0437

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George F. Deborrous

2. DATE  
OF  
DEATH

1-13-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2636 Boone Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE Maryland B. COUNTYC. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township)  
Baltimore 9-04D. STREET ADDRESS (If rural, give location)  
2636 Boone Street

c. Length of stay in Baltimore

50 Years

Yrs.  
Mos.  
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

Apr. 2, 1877

9. AGE (In years  
last birthday)  
75If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
Laborer10B. KIND OF BUSINESS OR  
INDUSTRY  
?11. BIRTHPLACE (State or foreign country)  
Hanover County, Virginia12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.

13. FATHER'S NAME

John Deborrous

14. MOTHER'S MAIDEN NAME

Sarah Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)  
No None16. SOCIAL  
SECURITY NO.  
?

17. INFORMANT

Annie Deborrous

ADDRESS

2636 Boone Street

18.

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)(A) *Cancer. Renal Disease*

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) .....

DUE TO

(C) .....

INTERVAL BETWEEN  
ONSET AND DEATH*2 wks.*II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from *Nov 10, 1951* to *Jan. 13, 1952*, that I last saw the  
deceased alive on *Jan 13, 1952* and that death occurred at *10:30 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Shipped

24B. DATE

1-17-1952

24C. NAME OF CEMETERY OR CREMATORY

Ebenezer Cemetery

24D. LOCATION (City, town, or county)

Hanover County, Va.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 16 1952

Huntington Williams, M.D.

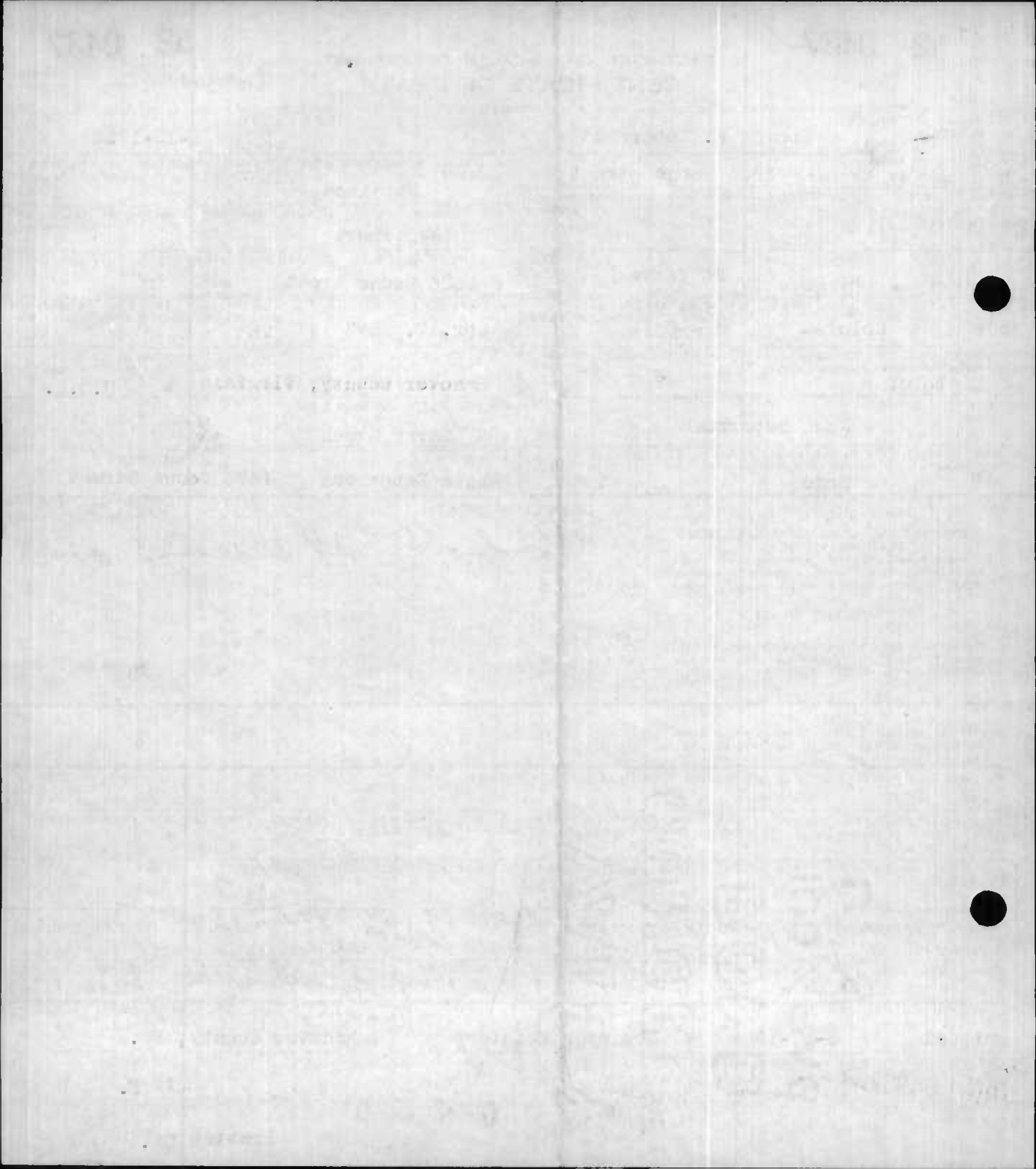
217 E. *Payner Sanders*

VS 150

Preston St.

131a





514

52 0438

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0438  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

MIAMA HEMPHILL

2. DATE  
OF  
DEATH

1-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1625 DRUIDHILL-AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

NONE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Boiling Springs V-37

D. STREET ADDRESS (If rural, give location)

Route # P.O.

C. Length of stay in Baltimore

4

Yrs.  
Mos.  
Days5. SEX  
FEMALE6. COLOR OR RACE  
COL7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
WIDOW

8. DATE OF BIRTH

- - 1854

9. AGE (In years  
last birthday)

97

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR  
INDUSTRY

DOMESTIC

11. BIRTHPLACE (State or foreign country)

GAFFNEY S. C.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

UNKNOWN

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)

NO

16. SOCIAL  
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

MRS OLA HEMPHILL-1625 DRUIDHILL-AVE.

18. 443 X I

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONCOITION CAUSING IT.

## CAUSE OF DEATH

(A) DUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN  
ONSET AND DEATH

2 gr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13, 1952, to 1-13, 1952 that I last saw the  
deceased alive on 1-13-1952 and that death occurred at 330 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

SHIPPED

1-16-52

SHADY GROVE-CREM

GAFFNEY-SOUTH CAROLINA

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 16 1952

Huntington Williams, M.D.

WILLIAM H JACKSON, 916 PENNA-AVE

1000

50

1000

50

1000

1000



40		BALTIMORE CITY HEALTH DEPARTMENT		52 0439	
2 0439		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		3. PLACE OF DEATH	
Roberta Fadley		January 5, 1952		A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		5. FULL NAME OF (If not in hospital or institution, give street address or location)		6. PLACE OF DEATH	
Va.		JOHNS HOPKINS HOSPITAL		A. Baltimore City, Maryland	
Edinburg		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		B. COUNTY	
D. STREET ADDRESS (If rural, give location)		8. DATE OF BIRTH		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		4-26-51		Edinburg	
9. AGE (In years last birthday)		10. KIND OF BUSINESS OR INDUSTRY		D. STREET ADDRESS (If rural, give location)	
8		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
John R. Fadley		Joyce		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS		18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
JOHNS HOPKINS HOSPITAL		19. DATE OF OPERATION		CAUSE OF DEATH	
20. AUTOPSY?		21. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 1-15, 1952, to 1-15, 1952, that I last saw the deceased alive on 1-15, 1952, and that death occurred at 8:20 P.M., from the causes and on the date stated above.		8 mo.	
23A. SIGNATURE		23B. SIGNATURE		23C. DATE SIGNED	
Ruth F. Bowers		JOHNS HOPKINS HOSPITAL		1-16-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		Jan. 18, 1952		Union Free Cemetery	
24D. LOCATION (City, town, or county) (State)		24E. INJURY OCCURRED		24F. HOW DID INJURY OCCUR?	
Edinburg, Va.		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		25. FUNERAL DIRECTOR	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR		ADDRESS	
JAN 16 1952		Huntington Wallington, N.C.		C. M. Galt, Jr., 2nd	
VS 150		157F			

1. The first part of the report is a general introduction to the subject of the study.

2. The second part of the report is a detailed description of the methods used in the study.

3. The third part of the report is a discussion of the results of the study.

4. The fourth part of the report is a conclusion and a list of references.

5. The fifth part of the report is a list of appendices.

6. The sixth part of the report is a list of figures.

7. The seventh part of the report is a list of tables.

8. The eighth part of the report is a list of footnotes.

9. The ninth part of the report is a list of references.

10. The tenth part of the report is a list of appendices.

11. The eleventh part of the report is a list of figures.

12. The twelfth part of the report is a list of tables.

13. The thirteenth part of the report is a list of footnotes.

14. The fourteenth part of the report is a list of references.

15. The fifteenth part of the report is a list of appendices.

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 0440**

BIRTH NO. <b>2-46 0440</b>		1. NAME OF DECEASED (Type or Print) <b>Carl W. Ziegler</b>		2. DATE OF DEATH <b>Jan. 14, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>Union Memorial Hospital (004)</b>				C. CITY OR TOWN <b>Baltimore</b> (If outside corporate limits, write full name and give township)	
6. Length of stay in Baltimore <b>Life</b>				D. STREET ADDRESS (If rural, give location) <b>3519 Hickory Avenue</b>	
7. SEX <b>Male</b>	8. COLOR OR RACE <b>White</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	10. DATE OF BIRTH <b>Nov. 7-1918</b>		11. AGE (in years last birthday) <b>33</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>General Painting</b>		
13. FATHER'S NAME <b>Clarence C. Ziegler</b>			14. MOTHER'S MAIDEN NAME <b>Emma M. Singer</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes</b>			16. SOCIAL SECURITY NO. <b>2N-07-6559</b>		
17. INFORMANT <b>Mrs. Sophie P. Ziegler</b>			ADDRESS <b>3519 Hickory Ave.</b>		

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Disease</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

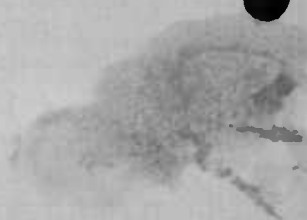
23A. SIGNATURE <b>Wm. H. Kammer, Jr.</b>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <b>Jan. 14, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 17-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Baltimore National</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>		25. FUNERAL DIRECTOR <b>Horace F. Kueper</b> ADDRESS <b>3631 Falls Road</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 16 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		56424	

0110

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1972-73





BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <b>52 0441</b>
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		
Douposs, Elizabeth		1/12/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore, 5</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore, 5</b>		
C. Length of stay in Baltimore <b>11 yrs.</b>		D. STREET ADDRESS (If rural, give location) <b>929 Hubbard Court</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct-27-1908</b>	9. AGE (In years last birthday) <b>43</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Virginia</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Charles Miles</b>		14. MOTHER'S MAIDEN NAME <b>Pattylue Gaugh</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		
17. INFORMANT <b>Eddie Duposs</b>		ADDRESS <b>929 Herbert Alley</b>		
18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) <b>Lotar pneumonia</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Nephrosclerosis, due to Glomerulonephritis</b>				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
I hereby certify that I attended the deceased from <b>1/8/52</b> , 19 <b>52</b> , to <b>1/12</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1/12</b> , 19 <b>52</b> , and that death occurred at <b>11: a.m.</b> from the causes and on the date stated above.				
23A. SIGNATURE <i>Elizabeth Douposs</i>		23B. ADDRESS <b>1400 N. Caroline St.</b>		23C. DATE SIGNED <b>1/12/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/17/1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Balto. Nat. Cem</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 16 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <b>Thos O. Wilson</b>
VS 150		ADDRESS <b>1000 Brantley Ave</b>		

MEDICAL CERTIFICATION

108

1140 57

1140 57

CC-457  
A-175



**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 0442**

**310**  
**0442**  
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>THEODORE BAYTOP</b>			2. DATE OF DEATH <b>January 8, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>			C. CITY OR TOWN (If outside corporate limits, give full name, and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <b>915 Madison Avenue</b>		
5. <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>7-7-1903</b>	9. AGE (In years last birthday) <b>49</b>	10. Under 1 Year Months: _____ Days: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Public</b>		
11. BIRTHPLACE (State or foreign country) <b>md</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>?</b>			14. MOTHER'S MAIDEN NAME <b>?</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>no</b>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <b>Becky Allen</b>			ADDRESS <b>917 Madison Ave</b>		

18. <b>443x I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Hypertensive cardiovascular disease</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <b>William V. Smith</b>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED <b>Jan. 8, 1952</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>1/16/52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn</b>	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <b>AN 16 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	25. FUNERAL DIRECTOR <b>Halsted</b>		

VS 151

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123		CERTIFICATE CORRECTED 1-29-52		BALTIMORE CITY HEALTH DEPARTMENT		Registered 52 0443		
2 0443		BIRTH NO.		CERTIFICATE OF DEATH				
1. NAME OF DECEASED (Type or Print) JOHANN HOFSTETTER				2. DATE OF DEATH Jan. 2, 1952				
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New York B. COUNTY				
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn				
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 112 Hoyd Street				
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH Nov. 5, 1900		
9. AGE (In years last birthday) 51		10. BIRTHPLACE (State or foreign country) Norway		11. CITIZEN OF WHAT COUNTRY? Norway		12. If Under 24 Hours Months: Days: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman				10B. KIND OF BUSINESS OR INDUSTRY Pyrate Tank Corp.				
13. FATHER'S NAME --				14. MOTHER'S MAIDEN NAME --				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Norwegian Consulate				
18. E 851X, DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Burns of head and neck DUE TO (B) Asphyxia DUE TO drowning (C)				INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) ship		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) S.S. Bulkpetrol off Delaware Breakwater				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Dec. 24, 1951		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Explosion on ship				
I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE Stanley H. Duclache, M.D.		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		23C. DATE SIGNED Jan. 3, 1952				
24A. BURIAL, CREMATION, REMOVAL (Specify) cremation		24B. DATE 1/17/52		24C. NAME OF CEMETERY OR CREMATORY Green Mount Crematory		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		
DATE RECEIVED BY LOCAL REGISTRAR JAN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR F. W. M. Cook, Inc.		ADDRESS 1217 St. Paul Street		
VS 151		N-990X		67355		172 ✓		

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23  
0444BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0444  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>Annie Lee Dorsett</b>		2. DATE OF DEATH <b>Jan. 15, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland 1400 W. Lexington St.</b> B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Aged Women's and Aged Men's Homes</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		D. STREET ADDRESS (If rural, give location) <b>1400 W. Lexington St.</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Jan. 31, 1864</b>	
9. AGE (in years last birthday) <b>87</b>		10. Under 1 Year Months: Days <b>11 15</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>John F. Dorsett</b>		14. MOTHER'S MAIDEN NAME <b>Anna M. Warner</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>L. H. Read</b>		ADDRESS <b>1400 W. Lexington Street</b>	

18. <b>4200 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>CORONARY THROMBOSIS</b> DUE TO <b>ANTECEDENT CAUSES</b> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>arteriosclerotic heart disease</b> DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs</b>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>January 15, 1952</b> , to <b>January 14, 1952</b> , that I last saw the deceased alive on <b>January 14, 1952</b> , and that death occurred at <b>5:40 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Newland Edward Day</b> M. D.		23B. ADDRESS <b>4-E-33rd St - 18-</b>		23C. DATE SIGNED <b>January 15, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>1/17/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>All Hallow's Chapel Cemetery</b>	
24D. LOCATION (City, town or county) <b>Anne Arundel County, Md.</b>		DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 16 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
25. FUNERAL DIRECTOR <b>Wm. Cook, Inc.</b>		ADDRESS <b>1217 St. Paul Street</b>		VS 150	

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52  
2 0445BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0445

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

KUNIGUNDA FRANK

2. DATE  
OF  
DEATH

January 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 625 N. Port St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
BaltimoreD. STREET ADDRESS (If rural, give location)  
625 N. Port St.

C. Length of stay in Baltimore

68 years

Yrs.  
Mos.  
Days5. SEX  
female6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
widowed

8. DATE OF BIRTH

July 3, 1867

9. AGE (In years  
last birthday)

84

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)  
housewife10B. KIND OF BUSINESS OR  
INDUSTRY  
at home11. BIRTHPLACE (State or foreign country)  
Germany12. CITIZEN OF  
WHAT COUNTRY?  
U.S.A.13. FATHER'S NAME  
John Loeffler14. MOTHER'S MAIDEN NAME  
unknown15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18. 443X 1

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)(A)  
DUE TO

Myocardial Degeneration

10 yrs +

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO  
(C)Hypertension and  
General ArteriosclerosisII  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15 1938 to Jan. 14, 1952, that I last saw the  
deceased alive on Jan. 14, 1952, and that death occurred at 11:50 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd., Balto. Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 16 1952

Huntington Williams, M.D.

Schimunek Funeral Home, Inc.  
2601-3-50 E. Madison St.

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RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

11/13



56  
0446BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0446

1. NAME OF DECEASED (Type or Print) PATRICIA JOAN BEDNARSKI		2. DATE OF DEATH Jan. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 912 N. Milton Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 7-02	
5. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 912 N. Milton Ave.	
7. SEX female	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	10. DATE OF BIRTH March 28, 1941
11. AGE (In years last birthday) 10		12. If Under 1 Year Months: Days Hours: Min.	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		14. KIND OF BUSINESS OR INDUSTRY St. Katharine's School	
15. BIRTHPLACE (State or foreign country) Baltimore, Md.		16. CITIZEN OF WHAT COUNTRY? U.S.	
17. FATHER'S NAME Adam F. Bednarski		18. MOTHER'S MAIDEN NAME Constance Kolakowski	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		20. SOCIAL SECURITY NO.	
21. INFORMANT A. F. Bednarski, father, above		22. ADDRESS	
23. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 193 X 1 (A) Astrocytoma near 4th ventricle 1 yr? DUE TO (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
24. DATE OF OPERATION 12-10-51		25. MAJOR FINDINGS OF OPERATION Cystic tumor of medulla near 4th ventricle	
26. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
27. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
30. TIME (Month) (Day) (Year) (Hour) OF INJURY		31. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
32. HOW DID INJURY OCCUR?			
33. I hereby certify that I attended the deceased from 5/8 1951, to 1/16 1952, that I last saw the deceased alive on 1/15 1952 and that death occurred at 6 A. M., from the causes and on the date stated above.			
34. SIGNATURE G. K. Greenman		35. ADDRESS 1212 N. Patterson Ave.	
36. DATE SIGNED 1/16/52			
37. BURIAL, CREMATION, REMOVAL (Specify) Burial		38. DATE Jan. 21, 1952	
39. NAME OF CEMETERY OR CREMATORY Balto. Nat. Cem.		40. LOCATION (City, town, or county) (State) 5501 Old Fred'k. Rd., Balto.	
41. DATE RECEIVED BY LOCAL REGISTRAR Jan 16 1952		42. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
43. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		44. ADDRESS 2601-345 E. Madison St.	

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## BALTIMORE CITY HEALTH DEPARTMENT

## CERTIFICATE OF DEATH

52 0447  
Registered No.1. NAME OF DECEASED  
(Type or Print)

Baby Girl Morton

2. DATE  
OF DEATH January 5, 19523. PLACE OF DEATH:  
A. Baltimore City, MarylandB. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days5. SEX  
Female6. COLOR OR RACE  
Negro7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Single4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

955 North Chapel Street - 5

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Albert Harcum

14. MOTHER'S MAIDEN NAME

Ella Morton

(409848)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital records

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Congenital heart disease

10 min.

## ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐I hereby certify that I attended the deceased from Jan. 5, 1952, to Jan. 5, 1952 that I last saw the  
deceased alive on Jan. 5, 1952 and that death occurred at 2.25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Busby

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

1/9/52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 16 1952

Huntington Williams, M.D.

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0448  
Registered No.

600  
0448  
BIRTH NO. 52-00427

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Baby Girl Airey		January 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION The Johns Hopkins Hospital		A. STATE Maryland	
C. CITY OR TOWN Baltimore		B. COUNTY 3-81	
D. STREET ADDRESS (If rural, give location) 232 Ballou Court - 31			
5. SEX Female		8. DATE OF BIRTH 1-6-52	
6. COLOR OR RACE White		9. AGE (In years last birthday) 11 4	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? 11 4	
13. FATHER'S NAME Joseph Airey		14. MOTHER'S MAIDEN NAME Mildred Eyring (594554)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT Hospital records		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 776X I Prematurity		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 6, 1952 to Jan. 6, 1952 that I last saw the deceased alive on Jan. 6, 1952 and that death occurred at 3.30 P.M., from the causes and on the date stated above.					
23A. SIGNATURE Glen Busby		23B. ADDRESS The Johns Hopkins Hospital		23C. DATE SIGNED 1/9/52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR JAN 16 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 0447		ADDRESS	

*[Faint handwritten signature]*

*[Faint handwritten signature]*

55  
52 0449BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0449  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

GOODMAN, L HARRY

2. DATE  
OF  
DEATH

1.16.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

C. Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. S

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan, 8, 1897

9. AGE (In years  
last birthday)

55

If Under 1 Year  
Months DaysIf Under 24 Hours  
Hours Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Abraham S Goodman

14. MOTHER'S MAIDEN NAME

Rachael Cohen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT ADDRESS  
Genevieve Goodman 2525 Forest Park Ave

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) DUE TO  
(B) DUE TO  
(C) DUE TOHepato - renal coma  
Carinomatosis.  
Carinoma of bladder

4 yrs.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING OR CONTRIBUTING  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 1. 3, 1952 to 1. 16, 1952, that I last saw the  
deceased alive on 1. 16, 1952, and that death occurred at 4 p m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Taler

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

1.16.52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sinai Israel Cong Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Gutman + Ben

ADDRESS

1126 W North Ave

VS 150

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ms

Parky

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

**52 0450**

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

William D Jacobson

2. DATE  
OF  
DEATH

Jan 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTION

Nel Mar Apts A. 2  
Brookfield Ave & Whitelock St

C. Length of stay in Baltimore

50 Yrs

5. SEX  
Male

6. COLOR OR RACE  
White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widower

8. DATE OF BIRTH  
1873

9. AGE (In years last birthday) 78  
If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Retired Reel State

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Hyman Jacobson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
Yes, no or unknown

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS  
Bernard H Jacobson Charleston W Va

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  
420 1 1  
Coronary Sclerosis

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Nephropathy.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1943, to 1-15, 1952, that I last saw the deceased alive on 1-15, 1952, and that death occurred at 10:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

HAROLD H. Bix

M. D.

23B. ADDRESS

2516 Linden Ave

23C. DATE SIGNED

1-16-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan 17, 1952

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

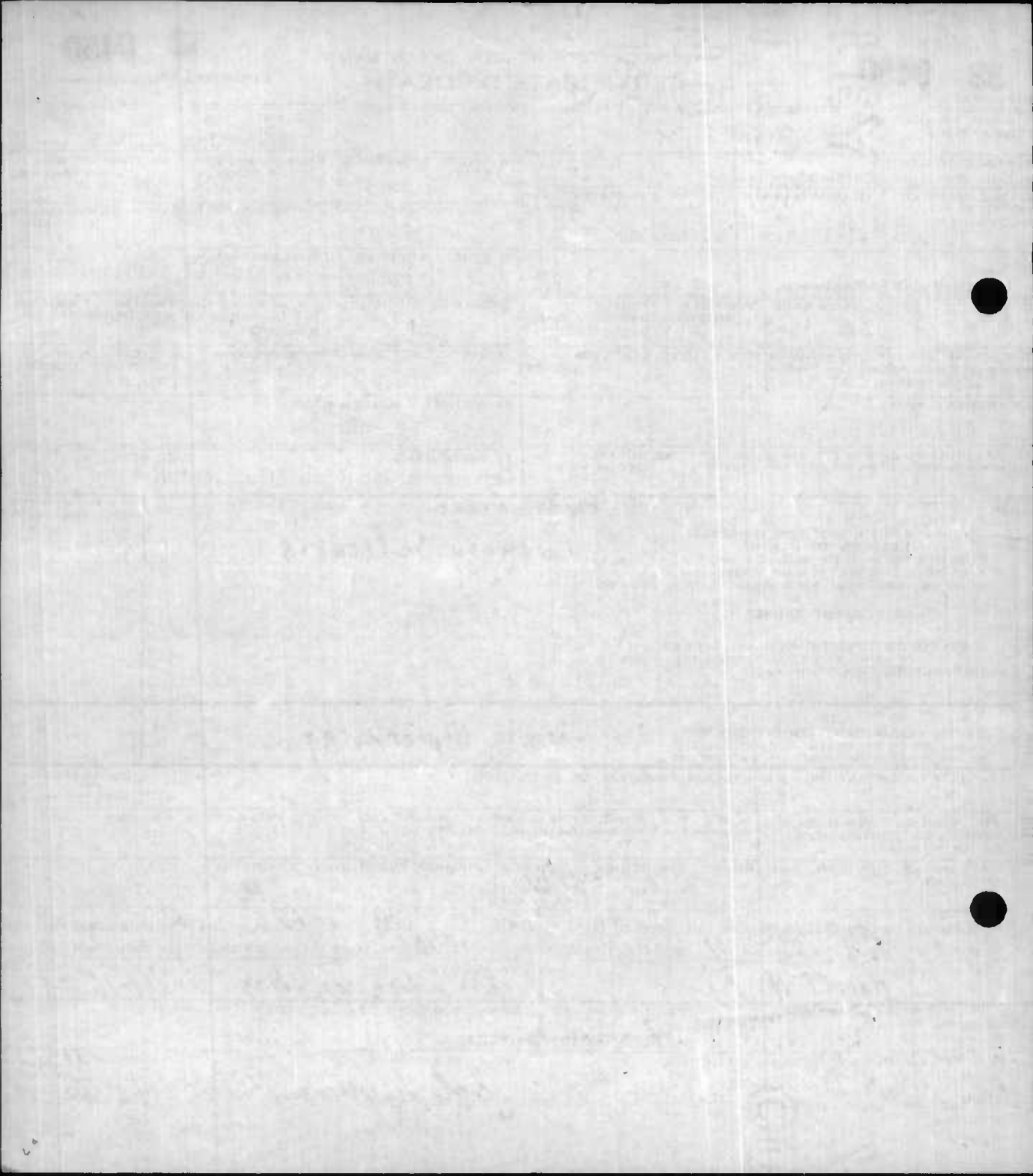
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol. Swenson & Bros

ADDRESS

1126 W North Ave





55  
52 0451

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0451  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Kitty Solomon (Esther)</i>		2. DATE OF DEATH <i>1-16-52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Seas Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) <i>3334 Clarks Lane</i>	
5. SEX <i>H</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Aug 25, 1901</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>David L Gordon</i>		14. MOTHER'S MAIDEN NAME <i>Fannie I Farber</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>William Solomon</i>		ADDRESS <i>3334 Clarks Lane</i>	

18. <i>170X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Slipstream Pericarditis</i>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO <i>Paget disease of Breast</i>		
(C) DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/30</i> , 1951, to <i>1-16</i> , 1952, that I last saw the deceased alive on <i>1/16</i> , 1952 and that death occurred at <i>6:45</i> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Huntington Williams</i>		23b. ADDRESS <i>Seas Hospital</i>		23c. DATE SIGNED <i>1-16-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Jan 17, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Arlington Cemetery Rogers Ave</i>	
				24d. LOCATION (City, town, or county) (State) <i>Baltimore Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Solo Funeral Bns</i>	
				ADDRESS <i>1126 W North Ave</i>	



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1-15-01

1-17-01

Memorandum

1-17-01

1-17-01

1-17-01

1-17-01

1-17-01

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1-17-01

4 2 5 CERTIFICATE CORRECTED 1-23-52		BALTIMORE CITY HEALTH DEPARTMENT		52 0452	
2 0452		CERTIFICATE OF DEATH		Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Samuel Allison</i>		2. DATE OF DEATH <i>1/16/52</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hosp.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>333 E. 28th St.</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>Aug. 18, 1875</i>	9. AGE (In years last birthday) <i>76</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Samuel J. Allison</i>		14. MOTHER'S MAIDEN NAME <i>Delina J. Morrison</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>008-07-8844</i>		17. INFORMANT ADDRESS	
18. <i>420.1</i>		CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Myocardial infarct</i>			<i>27 hrs.</i>
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Anemia</i>			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1/11/52</i> 19, to <i>1/16/52</i> 19, that I last saw the deceased alive on <i>1/16/52</i> 19, and that death occurred at <i>6 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>1/16/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
<i>Burial</i>		<i>Jan 1952</i>		<i>Gate Ridge Cemetery, Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Harbin &amp; Co., Pa.</i>	
VS 150					

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02 0453

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0453

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Walter, George John Sr.		1-15-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
Baltimore		A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Franklin Square Hospital		Baltimore Sparrows Point	
7. Length of stay in Baltimore		8. STREET ADDRESS (If rural, give location)	
65		7303 Hughes Ave 5300	
9. SEX	10. COLOR OR RACE	11. SINGLE MARRIED, WIDOWED DIVORCED (Specify)	12. DATE OF BIRTH
M	W	WIDOWED	June 1, 1864
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
George John Walter		Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No NONE		?	
17. INFORMANT		ADDRESS	
Mrs. Johanna Price		7303 Hughes Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
4.0 I		Arteriosclerotic Heart Disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		General Arteriosclerosis	
19. DATE OF OPERATION		20. AUTOPSY?	
1-18-52		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		22. I hereby certify that I attended the deceased from 1-6-52 to 1-15-52 that I last saw the deceased alive on 1-15-52 and that death occurred at 4:45 m., from the causes and on the date stated above.	
23. SIGNATURE		24. ADDRESS	
J. notis Gludis		Franklin Square Hosp.	
25. FUNERAL DIRECTOR		26. ADDRESS	
Huntington Williams, M.D.		2101 Frederick Ave.	

MEDICAL CERTIFICATION

*[Faint, illegible text, likely bleed-through from the reverse side of the page. The text is mirrored and difficult to decipher.]*

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0454

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0454  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>LEON BLOOM</b>		2. DATE OF DEATH <b>1/16/52</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Md</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b> Sinai Hosp</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
6. Length of stay in Baltimore <b>74</b>		D. STREET ADDRESS (If rural, give location) <b>3906 Edgewood Road</b>	
7. SEX <b>m</b>	8. COLOR OR RACE <b>w</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	10. DATE OF BIRTH <b>47</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Junk Dealer</b>		12. KIND OF BUSINESS OR INDUSTRY <b>Germany</b>	
13. FATHER'S NAME <b>Not Known</b>		14. MOTHER'S MAIDEN NAME <b>Bertha</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO. <b>None, Bloom - Same</b>	
17. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Post operative shock</b>		INTERVAL BETWEEN ONSET AND DEATH	
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>complete inanition</b>		DUE TO <b>Tuberculosis, active</b>	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
20. DATE OF OPERATION <b>1/15/52</b>		21. MAJOR FINDINGS OF OPERATION <b>active tuberculous process</b>	
22. DATE OF OPERATION <b>1/15/52</b>		23. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
26. WHERE DID INJURY OCCUR? <b>Baltimore</b>		27. HOW DID INJURY OCCUR? <b>fall</b>	
28. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>1/15/52</b>		29. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input type="checkbox"/>	
30. I hereby certify that I attended the deceased from <b>1/15/52</b> , 19 <b>52</b> to <b>1/16/52</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1/15/52</b> , 19 <b>52</b> and that death occurred at <b>6:30</b> m., from the causes and on the date stated above.			
31. SIGNATURE <b>Isidore Cohen</b>		32. ADDRESS <b>Sinai Hosp</b>	
33. DATE <b>1-17-52</b>		34. NAME OF CEMETERY OR CREMATORY <b>Rosedale</b>	
35. LOCATION (City, town, or county) <b>Balto Md</b>		36. DATE SIGNED <b>1/16/52</b>	
37. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1952</b>		38. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
39. FUNERAL DIRECTOR <b>Geo. Hewitt</b>		40. ADDRESS <b>2100 Baitan Pl</b>	

MEDICAL CERTIFICATION



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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0455

Registered No. \_\_\_\_\_

1. NAME OF DECEASED (Type or Print) <b>Catherine Watkins</b>			2. DATE OF DEATH <b>Jan-13-1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Balto. City</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>146 Colvin Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
D. STREET ADDRESS (If rural, give location) <b>146 Colvin Street</b>			E. DATE OF BIRTH 8. DATE OF BIRTH <b>Dec-13-1907</b> 9. AGE (In years last birthday) <b>44</b> If Under 1 Year Months: Days Hours: Min. <b>✓</b>		
F. SEX <b>Female</b>			G. COLOR OR RACE <b>Col.</b>		
H. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			I. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		
J. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>			K. BIRTHPLACE (State or foreign country) <b>Baltimore Maryland</b>		
L. FATHER'S NAME <b>Daniel Parkins</b>			M. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
N. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>			O. SOCIAL SECURITY NO. _____		
P. MOTHER'S MAIDEN NAME <b>Georgie Webster</b>			Q. INFORMANT ADDRESS <b>John Watkins 146 N. Colvin St</b>		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Acute lobar pneumonia</b> DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
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19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>9 January, 1952</b> to <b>13 January, 1952</b> , that I last saw the deceased alive on <b>13 Jan, 1952</b> , and that death occurred at <b>5:30 P.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>G. C. Surwell</b>		23B. ADDRESS <b>121 Aspineth St</b>		23C. DATE SIGNED <b>1-16-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/17/1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Calvary Cem.</b>	
				24D. LOCATION (City, town, or county) (State) <b>Brooklyn Md.</b>	

DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams</b>		25. FUNERAL DIRECTOR ADDRESS <b>Elroy Wilson 1000 Brantley Ave</b>	
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VALLEY

CONGRESS

SECOND

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251  
0456BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0456

1. NAME OF DECEASED (Type or Print) <b>MARGARET EISENBERGER</b>		2. DATE OF DEATH <b>January 15/1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 26-03</b>	
6. DATE OF BIRTH <b>1/18/93</b>		9. AGE (In years last birthday) <b>78</b>	
7. SEX <b>Female</b>		10. COLOR OR RACE <b>white</b>	
8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		11. BIRTHPLACE (State or foreign country) <b>Germany</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Christian</b>	
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>H.W. Eisenberg</b> ADDRESS <b>4613 Ridge way Ave</b>	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>E. 903.0,</b> <b>Fracture of the RT. Hip with arteriosclerotic cardiovascular disease.</b>		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY <b>R.F. Fisher</b> M.D. CHIEF OR ASST. MEDICAL EXAMINER.	

19A. DATE OF OPERATION <b>12/29/51</b>		19B. MAJOR FINDINGS OF OPERATION <b>Fracture of the neck of RT. Femur</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, <del>SUBMERGENCE</del> (Specify) <b>HOME</b>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>4613 Ridge way Ave;</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>2/29/51 at 8:30 p.m.</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>Slipped and fell to floor while mending at Home</b>	
22. I hereby certify that I attended the deceased from <b>12/27, 1951</b> , to <b>1/15, 1952</b> that I last saw the deceased alive on <b>1/15, 1952</b> , and that death occurred at <b>3:15 p.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Salvador Bakhoir</b>		23B. ADDRESS <b>Maryland General Hospital</b>		23C. DATE SIGNED <b>1/15/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/17/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>	
24D. LOCATION (City, town, or county) <b>Balto Md.</b>		24E. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1952</b>		24F. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>	
24G. FUNERAL DIRECTOR <b>Lazarus</b>		24H. ADDRESS <b>7401 Blair Rd.</b>		24I. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1952</b>	

VS 150

should be approved by the medical examiner.

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UNITED STATES DEPARTMENT OF AGRICULTURE  
BUREAU OF PLANT INDUSTRY

3210

TO THE DIRECTOR, BUREAU OF PLANT INDUSTRY

4. Ogden  
2701 N. Calvert  
52 0457  
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0457

1. NAME OF DECEASED (Type or Print) <b>Mary Louise Mc Cully</b>		2. DATE OF DEATH <b>Jan. 16, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>322 East 26th Street</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>322 East 26th Street</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>July 24, 1873</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>William Raley</b>		11. BIRTHPLACE (State or foreign country) <b>St. Mary's Co Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mrs. Mary Marsiglia, 322 E. 26th</b>		ADDRESS	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary Thrombosis</b> DUE TO	CAUSE OF DEATH (A) <b>Coronary Thrombosis</b> (B) <b>Coronary Artery Disease</b> (C)	INTERVAL BETWEEN ONSET AND DEATH <b>Few days</b> <b>one year</b>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Hypertension</b>		<b>Two years</b>

19A. DATE OF OPERATION <b>none</b>		19B. MAJOR FINDINGS OF OPERATION <b>Hypertension</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from <b>Jan. 4, 1950</b> , to <b>Jan. 16, 1952</b> , that I last saw the deceased alive on <b>Jan. 16, 1952</b> , and that death occurred at <b>8 A. M.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>Frank H. Ogden</b>		23B. ADDRESS <b>2701 N. Calvert St</b>		23C. DATE SIGNED <b>Jan 16, 52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1-19-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer</b>	24D. LOCATION (City, town, or county) (State) <b>Baltimore, Maryland</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Leonard J. Buck, 5305 Harford Road.</b>

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436  
52 0458BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0458

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>William Coulter</b>		2. DATE OF DEATH <b>January 15, 1952</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore City</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bon Secours Hospital Baltimore 23 Maryland</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <b>5706 Leith Walk 12</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>8-25-84</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SELF-EMP FARMER</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>retired</b>	9. AGE (in years last birthday) <b>67</b>
11. BIRTHPLACE (State or foreign country) <b>Penn</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>James Coulter</b>		14. MOTHER'S MAIDEN NAME <b>Mary White</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO.	
17. INSTANT ADDRESS <b>MRS. LEATH. K. Young - 5706 Leith Walk</b>			

18. <b>153X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Cancer of colon with intestinal obstruction</b> CAUSE OF DEATH (A) <b>Cancer of colon with intestinal obstruction</b> DUE TO <b>obstruction</b> (B) <b>Bronchopneumonia</b> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <b>Lena Mendez</b>		23B. ADDRESS <b>2025 W. Fayette</b>		23C. DATE SIGNED <b>1-15-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <b>1-18-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood</b>	
24D. LOCATION (City, town, or county) <b>Balto Md</b>		24E. LOCAL REGISTRAR <b>Huntington Williams, M.D.</b>		24F. FUNERAL DIRECTOR <b>L.J. Reuck</b>	
24G. ADDRESS <b>5305 Harford Rd</b>					



January 12, 1952

William C. ...

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0459

1. NAME OF DECEASED (Type or Print) <b>FREDERICK SCHELHOUSE</b>			2. DATE OF DEATH <b>January 15, 1952</b>		
3. PLACE OF DEATH: <input checked="" type="checkbox"/> Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maryland General Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore <b>4 days</b>			D. STREET ADDRESS (If rural, give location) <b>5107 ST. George's Ave; #12</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>DEC 30, 1868</b>	9. AGE (In years, last birthday) <b>83</b>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>CIGAR MFG.</b>		
13. FATHER'S NAME <b>FREDERICK SCHELHOUSE</b>			12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>#</b>		
17. INFORMANT <b>MRS. M. SCHELHOUSE</b>			ADDRESS <b>SAME</b>		

18. <b>422.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>arteriosclerotic cardiac vascular disease &amp; heart failure</b>	CAUSE OF DEATH (A) <b>arteriosclerotic cardiac vascular disease &amp; heart failure</b> DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>2</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1/10/1952</b> to <b>1/15/1952</b> , that I last saw the deceased alive on <b>1/15/1952</b> and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Lulu Bakhar</b>		23B. ADDRESS <b>Maryland General Hospital</b>		23C. DATE SIGNED <b>1/15/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1-18-1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>LODON PARK</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>H. W. JENKINS &amp; SONS Co.</b>	
				ADDRESS <b>4905 York Rd</b>	

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52 0460

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0460  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>MARY Elizabeth RAY</i>			2. DATE OF DEATH <i>1/15/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balt. Ind.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>14 Maryland Gen. Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-10</i>		
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>753 McCubbin Ave #12</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec. 13, 1889</i>	9. AGE (In years last birthday) <i>62</i>	11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>own</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>John Parker</i>			14. MOTHER'S M.A.D.E.N NAME <i>Sarah Myers</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Hospital Record</i>			ADDRESS		

18. <i>154 X 1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) <i>Carcinoma of Liver</i>	DUE TO	<i>3 months</i>
	(B) <i>secondary to Pecto. sigmoid Carcinoma</i>	DUE TO	
	(C)		

19A. DATE OF OPERATION <i>1/7/52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma of Liver -</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12/28</i> , 19 <i>51</i> , to <i>1/5</i> , 19 <i>52</i> ; that I last saw the deceased alive on <i>1/5</i> , 19 <i>52</i> , and that death occurred at <i>8:30 a. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Anthony C. Heune M.D.</i>		23B. ADDRESS <i>Maryland Gen. Hosp.</i>		23C. DATE SIGNED <i>1/15/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Jan 18/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Olivet</i>	
24D. LOCATION (City, town, or county) <i>Balt. Ind.</i>		24E. LOCATION (State) <i>Md</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 17 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Henry H. Gaskin Sons Co</i>	
				ADDRESS <i>4905 York Rd</i>	

1948

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1951



325	BALTIMORE CITY HEALTH DEPARTMENT	52	0461
0461	CERTIFICATE OF DEATH	Registered No.	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
ANNESLEY E. HODSON		15 Jan 52	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, institution; residence before admission)	
A. Baltimore City, Maryland Lutheran Hosp.		A. STATE B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
LUTHERAN HOSP. OF MD		BALT	
C. Month of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
Life		1200 LONGWOOD ST	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
M	W	Married	Jan. 24, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
REAL ESTATE BUSINESS	REAL ESTATE	MARYLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ANNASLEY E. HODSON		HANNAH HODSON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
BROTHER - JOHN		1107 WALNUT ST	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH	
470.1 and E 901.0 MYOCARDIAL INFARCTION		8 hr	
ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CERTIFICATION APPROVED BY	
		Stanley H. Dineen	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
none			
20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
A		HOME	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour)	
411 N. SCROUDER		12-52 1:30 P. M.	
21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
		FELL FROM LADDER	
22. I hereby certify that I attended the deceased from 1-12, 1952, to 1-15, 1952, that I last saw the deceased alive on 1-15, 1952, and that death occurred at 4 A. M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
William O. Barnett		Lutheran Hosp of Md	
M. D.		15 Jan 51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		Jan. 17/52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Landon Pk.		Balt. 29. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
JAN 17 1952		Huntington Williams, M.D.	
VS 150		47079 4 6 0	
		94a Ave.	



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02 0462  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0462  
Registered No.1. NAME OF DECEASED  
(Type or Print)

Minnie McKee

2. DATE  
OF  
DEATH

Jan. 16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

5207 Craig Ave.

C. Length of stay in Baltimore 42 yrs.

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

N.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Wm. T. Keesey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  
A. STATE  
Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)  
Baltimore

D. STREET ADDRESS (If rural, give location)

5207 Craig Ave.

8. DATE OF BIRTH

April 12, 1869

9. AGE (In years last birthday)

82

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

17. INFORMANT

ADDRESS

Lester McKee, 5207 Craig Ave.

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

3 days.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-sclerosis

(C)

II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 1952, to 1/16, 1952, that I last saw the deceased alive on 1/15, 1952, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 19/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 17 1952

Huntington Williams, M.D. Harry F. Witte

4101 Edmondson Ave.

5711

52

CERTIFICATE OF DEATH

5711



250  
2 0463  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0463

1. NAME OF DECEASED (Type or Print) <b>Floyd Dawson</b>			2. DATE OF DEATH <b>1-13-52</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b> <b>Baltimore</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>22-01</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>So. Baltimore General Hosp.</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Month of stay in Baltimore <b>LIFE</b>			D. STREET ADDRESS (If rural, give location) <b>Friendly Inn 307 S SHARP ST.</b>		
5. SEX <b>m</b>	6. COLOR OR RACE <b>w.</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SEP.</b>	8. DATE OF BIRTH <b>SEPT 4 1905</b>		9. AGE (In years last birthday) <b>46</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CRAIN OPERATOR</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>BRO RAILROAD.</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>
13. FATHER'S NAME <b>Andrew W. Dawson</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>212-14-6351</b>		
17. INFORMANT ADDRESS <b>Elsie T. Heiben 1047 Patapsco St</b>			17. INFORMANT ADDRESS <b>Elsie T. Heiben 1047 Patapsco St</b>		
18. <b>002X</b> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b>					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Advanced Tuberculosis</b>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>1-2-52</b> , 1952, to <b>1-13-52</b> , 1952, that I last saw the deceased alive on <b>1-13-52</b> , 1952, and that death occurred at <b>9:40 a.m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Yung-tsing Wong</b>		23B. ADDRESS <b>1213 Light Street</b>		23C. DATE SIGNED <b>1-13-1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan 17-52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Mt Carmel</b>	
24D. LOCATION (City, town, or county) <b>Balto. Md.</b>		24E. FUNERAL DIRECTOR <b>Huntington Williams, Mt Digger Bury</b>		24F. ADDRESS <b>1800 E. Howard St.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1952</b>					

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1000  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

530  
2 0464BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0464

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Larry L. Santo SR</i>		2. DATE OF DEATH <i>1.16.52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital Baltimore</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>2-01</i>			
C. Length of stay in Baltimore <i>LIFE</i>		D. STREET ADDRESS (If rural, give location) <i>303 S WOLFE ST.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>APRIL 17 1906</i>	9. AGE (In years, last birthday) <i>45</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>DIE SETTER</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>FEDERAL TINC</i>		11. BIRTHPLACE (State or foreign country) <i>BALTIMORE</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John Santo</i>		14. MOTHER'S MAIDEN NAME <i>LUCY ANSELM</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>216-10-1780</i>		17. INFORMANT ADDRESS <i>ELEANOR F. SANTO 303 S WOLFE ST.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>331X I Cerebral Hemorrhage</i>		CAUSE OF DEATH (A) <i>Essential Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 hours</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>II</i>		(B) <i>?</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1.15.52</i> to <i>1.16.52</i> that I last saw the deceased alive on <i>1.16.52</i> and that death occurred at <i>12 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Anthony C. Verme</i>		23B. ADDRESS <i>General Hospital</i>		23C. DATE SIGNED <i>1/16/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>JAN 19 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>HOLY REDEEMER CEM</i>	
24D. LOCATION (City, town, or county) (State) <i>4400 BELAIR RD MD</i>		24E. FUNERAL DIRECTOR <i>W. J. ...</i>		24F. ADDRESS <i>3800 E LOMBARD ST</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 17 1952</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>3800 E LOMBARD ST</i>	

MEMORANDUM FOR THE RECORD

SUBJECT: [Illegible]

DATE: [Illegible]

TO: [Illegible]

FROM: [Illegible]

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0465  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>MISS ANNA MARY KOPP</b> (Dr Marie)			2. DATE OF DEATH <b>JANUARY-16, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Balto.</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <b>18 S. Collington Ave</b> C. CITY OR TOWN <b>Balto.</b> D. STREET ADDRESS (If rural, give location) <b>18 S. Collington Ave</b>			5. SEX <b>F.</b> 6. COLOR OR RACE <b>W.</b> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chapel Woman</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Md Trust Co.</b>		
13. FATHER'S NAME <b>Andrew Kopp</b>			16. SOCIAL SECURITY NO. <b>216-01-2850</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>No</b>			17. INFORMANT ADDRESS <b>Elizabeth Nehmsmann 18 S. Collington Ave</b>		
18. <b>443 X I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Pulmonary Edema</b> DUE TO <b>Cardio-Vascular Hypertensive Disease 5 years</b> <b>Arteriosclerosis 5 years</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>5 years</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>JANUARY</b> , 1948, to <b>January 16</b> , 1952, that I last saw the deceased alive on <b>January 15, 1952</b> and that death occurred at <b>5 A. m.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Michael J. Dausch</b>		23B. ADDRESS <b>4636 Belair Rd</b>		23C. DATE SIGNED <b>1-16-52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>JAN 19 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>HOLY REDEEMER CEM.</b>	
24D. LOCATION (City, town, or county) (State) <b>4430 BELAIR RD MD.</b>		25. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>		ADDRESS <b>1800 E LOMBARD ST</b>	

DATE RECEIVED BY LOCAL REGISTRAR

JAN 17 1952

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VALLEY

CHURCH

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52 0466

WARNER

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0466

1. NAME OF DECEASED (Type or Print) Emma Lee Warner			2. DATE OF DEATH 1-16-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Md b. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			c. CITY OR TOWN Baltimore		
6. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 843 W 34th St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct 2 - 1879		9. AGE (In years, last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			11. BIRTHPLACE (State or foreign country) Md		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Mr. John W. Ayres			14. MOTHER'S MAIDEN NAME Suzanna		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO.	17. INFORMANT PT		
			ADDRESS		

18. 331X and E903.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive (vascular disease) Cerebro-vascular accident		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fracture, simple - neck of left femur		CERTIFICATION APPROVED BY Rbfoder
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus		CHIEF OR ASST. MEDICAL EXAMINER. H.D.

19a. DATE OF OPERATION 11-6-51		19b. MAJOR FINDINGS OF OPERATION Open reduction of fracture (Hyp nailing)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 843 W. 34th St - Balt-11.	
21d. TIME (Month) (Day) (Year) (Hour) Nov. 5, 1951 ?		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? SLIPPED WHILE HOUSECLEANING.	
22. I hereby certify that I attended the deceased from 1-12-1952 to 1-16-1952, that I last saw the deceased alive on 1-16-1952, and that death occurred at 5:40 A.M., from the causes and on the date stated above.					
23a. SIGNATURE E. Grace Tower		23b. ADDRESS Union Memorial		23c. DATE SIGNED Jan 16, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 19-52		24c. NAME OF CEMETERY OR CREMATORY Hoodlawn	
24d. LOCATION (City, town, or county) Baltimore Md.		25. FUNERAL DIRECTOR Huntington Williams, 814 N 36th St			

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RECEIVED BY THE DEPARTMENT OF THE ARMY

CERTIFICATE OF DEATH

Page

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. <b>52 0467</b>	
1. NAME OF DECEASED (Type or Print) <b>Mary E. Cooper</b>			2. DATE OF DEATH <b>January 14, 1952</b>		
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>513 East 23rd Street</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <b>513 East 23rd Street</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 9, 1876</b>	9. AGE (In years last birthday) <b>75</b>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Baltimore, Maryland</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>John Penning</b>			14. MOTHER'S MAIDEN NAME <b>Madeline Knyer</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes, no or unknown</b>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>Catherine Cooper, 513 East 23rd Street</b>		
18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>WROJ RT TUBO TUBOSIS</b> (A) DUE TO <b>WROJ RT RT WROJ TUBOSIS</b> (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>2 hrs</b>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Jan 29, 1950</b> , to <b>Jan 14, 1952</b> , that I last saw the deceased alive on <b>Jan 14, 1952</b> , and that death occurred at <b>11 P. M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Stewart D. Jutay</b>		23B. ADDRESS <b>201 East 33rd St.</b>		23C. DATE SIGNED <b>1/15/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24B. DATE <b>1/18/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Parkwood Cemetery</b>	
24D. LOCATION (City, town, or county) (State) <b>Parkville, Maryland</b>		25. FUNERAL DIRECTOR ADDRESS <b>1217 St. Paul Street</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR <b>Wm. G. &amp; Co.</b>	

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STATE OF NEW YORK

OFFICE OF THE ATTORNEY GENERAL

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BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. **52 0468**

BIRTH NO. <b>460 0468</b>		1. NAME OF DECEASED (Type or Print) <b>Gertrude Kirkpatrick Sailer</b>		2. DATE OF DEATH <b>Jan 16 - 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>3 Kenwood Rd</b>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Md.</b> B. COUNTY <b>Baltimore</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>		D. STREET ADDRESS (If rural, give location) <b>3 Kenwood Rd</b>		E. Length of stay in Baltimore <b>43 yrs.</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>April 9 - 1869</b>	9. AGE (In years last birthday) <b>82</b>	10. Under 1 Year Months Days Hours Min. <b>- - - -</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>none</b>		11. BIRTHPLACE (State or foreign country) <b>Swedenborg Co. Md.</b>	
13. FATHER'S NAME <b>Henry Clay Garrison</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Kirkpatrick</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT <b>Mr. P. M. Brown - Calverton Md.</b>	
18. <b>260X</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <b>Coronary artery disease</b>		CAUSE OF DEATH (A) <b>Coronary artery disease</b> DUE TO (B) <b>Arteriosclerosis</b> DUE TO (C) <b>Diabetes</b>		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Dec 31, 1951</b> , to <b>Jan 16, 1952</b> , that I last saw the deceased alive on <b>Jan 15, 1952</b> , and that death occurred at <b>1:45 p.m.</b> from the causes and on the date stated above.					
23A. SIGNATURE <b>William E. Welch</b>		23B. ADDRESS <b>5006 Roland Ave. 10</b>		23C. DATE SIGNED <b>1/16/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan 19, 52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lakeside Cemetery Swedenborg Co. Md.</b>	
24D. LOCATION (City, town, or county) <b>Baltimore</b>		24E. STATE <b>Md.</b>		25. FUNERAL DIRECTOR <b>Seibert-Morris Co. Balt.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		ADDRESS	



George W. Brown  
Private  
—

Feb 21 1892

William O. Brown  
Private



52 0469

## BALTIMORE CITY HEALTH DEPARTMENT

52 0469

## CERTIFICATE OF DEATH

Registered No.

BIRTH NO. M-520

1. NAME OF DECEASED  
(Type or Print)

Levesta Manse

2. DATE  
OF  
DEATH

January 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

615 N. Carey St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

615 N. Carey St.

16-01

E. Length of stay in Baltimore

15

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

-

13. FATHER'S NAME

Zach Wood

8. DATE OF BIRTH

10 May 1920

9. AGE (In years, last birthday)

31

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF  
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Eva Coleman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Ann Harris

615 N. Carey St.

18. 002X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Hemorrhage

DUE TO

## ANTECEDENT CAUSES

(B)

Pulmonary Tuberculosis

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.II  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)22. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

22. I hereby certify that I attended the deceased from 11 Jan 48, 19, to Jan, 1952, that I last saw the deceased alive on Jan 6, 1952 and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Renold B. Ligon

M. D.

301 Cherry Hill Road

12 Jan 52

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 17 1952

Huntington Williams

Mrs. Kate R. Williams

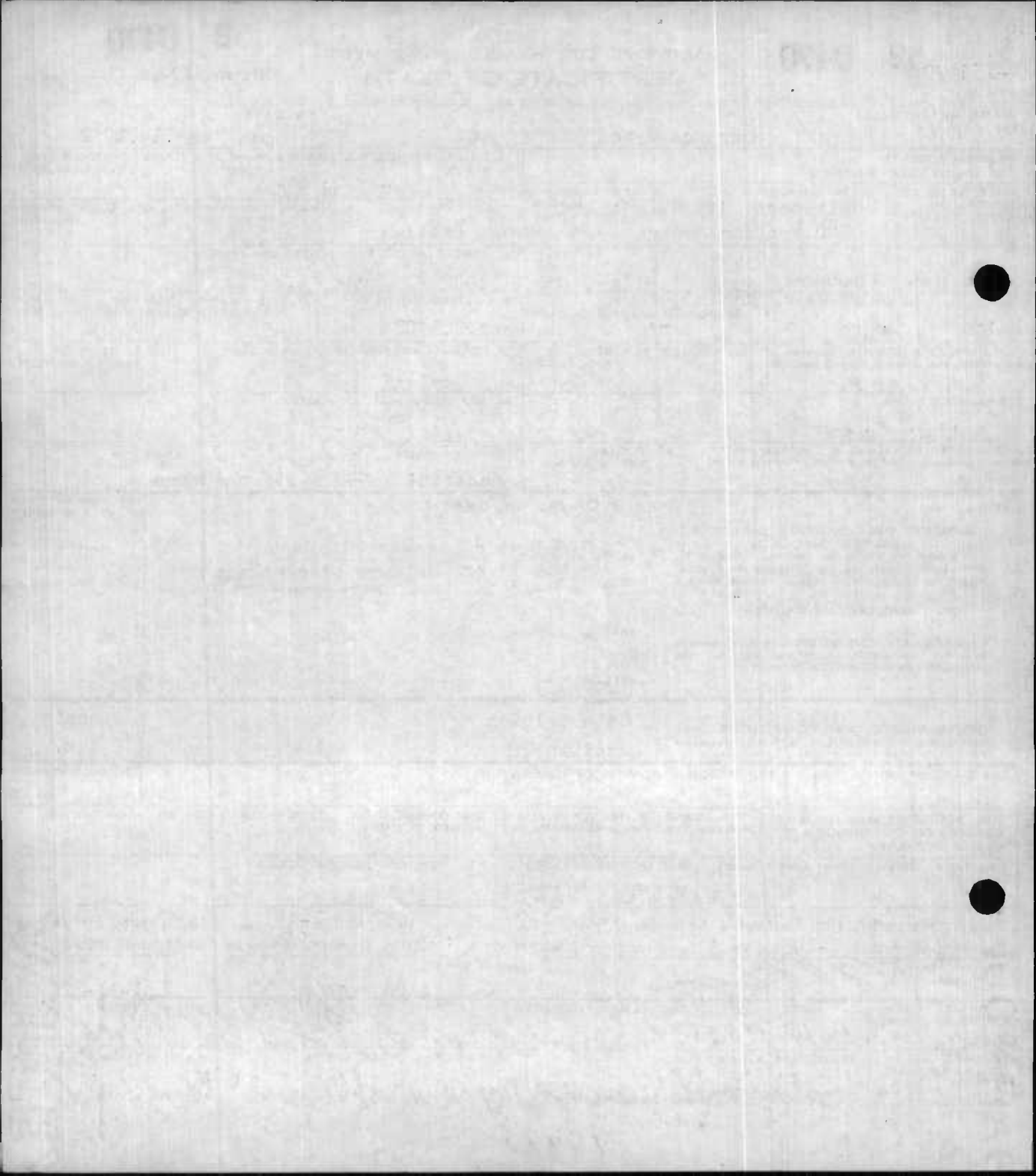
322 N. Schreder St.

STATE OF NEW YORK  
OFFICE OF THE ATTORNEY GENERAL



1-650  
ND-155479 52 0470BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0470  
Registered No.

1. NAME OF DECEASED (Type or Print) Lawrence Green		2. DATE OF DEATH Jan. 14, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1422 N. Bruce St. (17) 150V	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 8, 1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Sen.	9. AGE (In years last birthday) 49
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Sidney Green		14. MOTHER'S MAIDEN NAME Mamie Talyer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Neoplastic disease with metastasis to the liver Primary site unknown ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Malnutrition Ascites	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-7, 1952, to 1-14, 1952, that I last saw the deceased alive on 1-14, 1952, and that death occurred at 3:02 p. m., from the causes and on the date stated above.			
23A. SIGNATURE J. B. Rogers		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 1-15-52		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 1-19-1952		24C. NAME OF CEMETERY OR CREMATORY Arbutus Memorial Arbutus	
24D. LOCATION (City, town, or county) Md		25. FUNERAL DIRECTOR Huntington Williams, M.D. Mrs. Kate R. Williams Schroeder & Co.	
DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1952		ADDRESS 322 N.	



52 0471

50-23160

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0471

Registered No.

BIRTH NO.

W-320

1. NAME OF DECEASED  
(Type or Print)

WILLIAM

WOODS

2. DATE  
OF  
DEATH

Jan. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

South Baltimore General Hospital

Yrs.  
Mos.  
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2615 Pierpont Street

25-33

c. Length of stay in Baltimore

5. 6. COLOR OR RACE

male

colored

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 26, 1950

9. AGE (In years  
last birthday)10 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Woods

14. MOTHER'S MAIDEN NAME

Juanita Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Juanita Woods Pierpont 2615

18. E830.0 I

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e.g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Craniocerebral injury

DUE TO

## ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☒ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)

garage

21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?Coastal Tank Lines -  
2940 Waterview Avenue - garage21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

Jan. 14, 1952 - 6:10 P. m.

21E. INJURY OCCURRED

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by tractor trailer while playing  
autopsy in garageI certify that I took charge of the remains described above, held an  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Queasler

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 15, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/17/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Balto.

(State)

Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

JAN 17 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.P.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams, Schroeder St

ADDRESS

322 N

VS 151

N-803.2

170C

MEDICAL CERTIFICATION

NO 56

NO 56

7





52 0472

## BALTIMORE CITY HEALTH DEPARTMENT

52 0472

BIRTH NO.

## CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED  
(Type or Print)

William A. Heim (William A. - Heim)

2. DATE  
OF  
DEATH

1/14/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secour

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

425 Ingleside Ave - #28

C. Length of stay in Baltimore

18

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7/13/50

9. AGE (in years  
last birthday)

18 mo

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William A. Heim

14. MOTHER'S MAIDEN NAME

Ellen Harding

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

No

17. INFORMANT

Father

ADDRESS

Same

18. 754.4

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e.g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

Broncho Pneumonia

18 mo

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

Congenital Ht Disease

DUE TO

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE  
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 1/14/52, to 1/14/52, that I last saw the  
deceased alive on 1/14/52, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 17 1952

VS 150

19520000

1000 Easton Rd - N

157E



*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*

160  
52 0473BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0473  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Mrs. Catherine May Jeffery

2. DATE  
OF  
DEATH

January 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or  
location)

3518 Poole Street

C. CITY OR TOWN (If outside corporate limits, give RURAL and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3518 Poole Street

C. Birth of stay in Baltimore

Life

Yrs.  
Mos.  
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 2, 1885

9. AGE (In years  
last birthday)

66

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF  
WHAT COUNTRY?  
U S A

13. FATHER'S NAME

Thomas Harris

14. MOTHER'S MAIDEN NAME

Amanda Brothers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Wilbert Jeffery 3518 Poole Street

18.

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthma, etc. It means the disease,  
injury or complication which caused death.)

(A)

DUE TO

Pneumo-pneumonia

2 days

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Thrombosis

6 hrs.

(C)

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐22. I hereby certify that I attended the deceased from 10-30 1951, to 1-15, 1952, that I last saw the  
deceased alive on 1-12, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Baker Hoffman,

M. D.

23B. ADDRESS

846 W. 36th St.

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 18, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Pleasant

24D. LOCATION (City, town, or county)

(State)

Gamber, Carroll Co., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

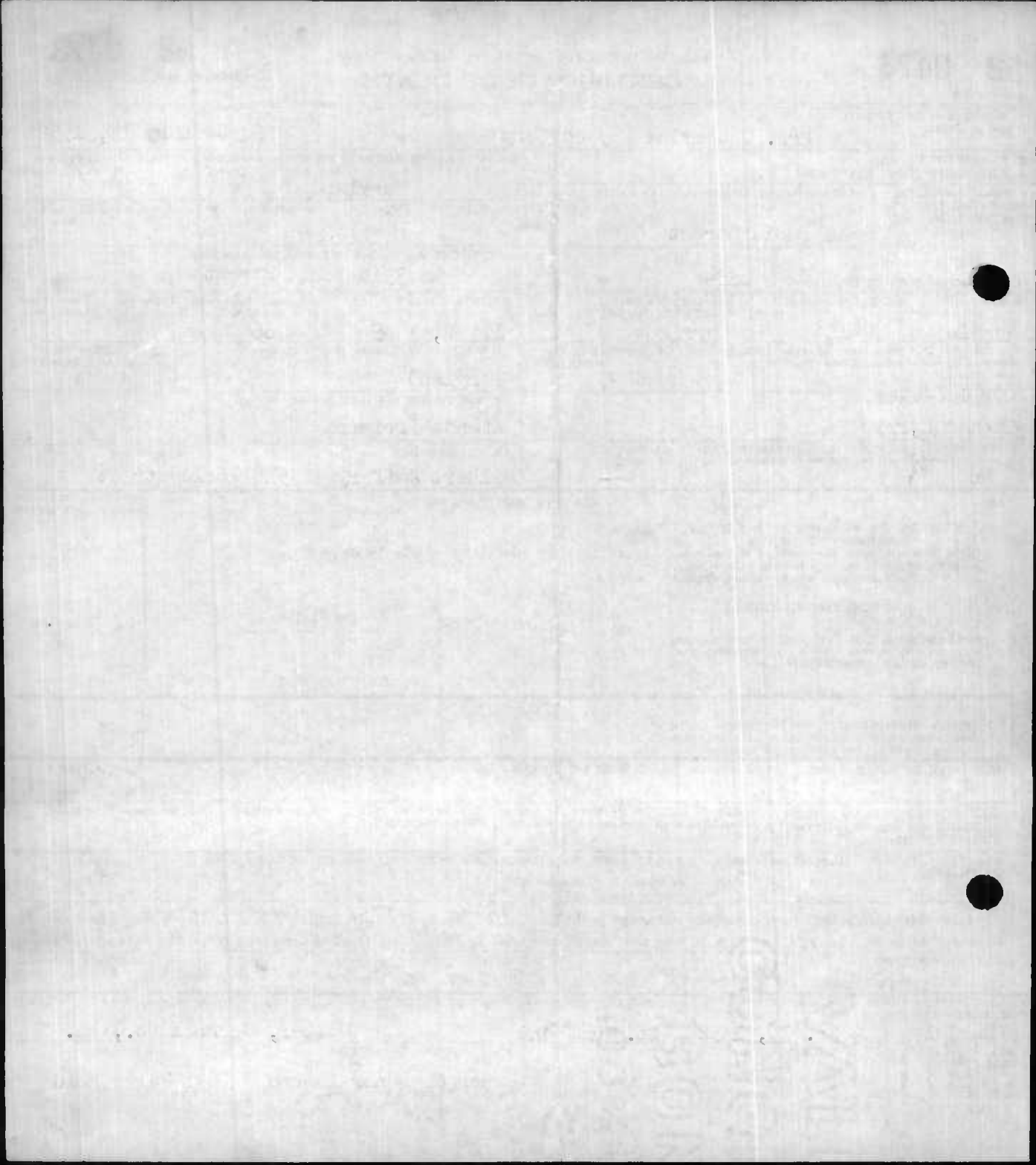
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Burgess Funeral Home 3631 Falls Road

Horace F. Burgess



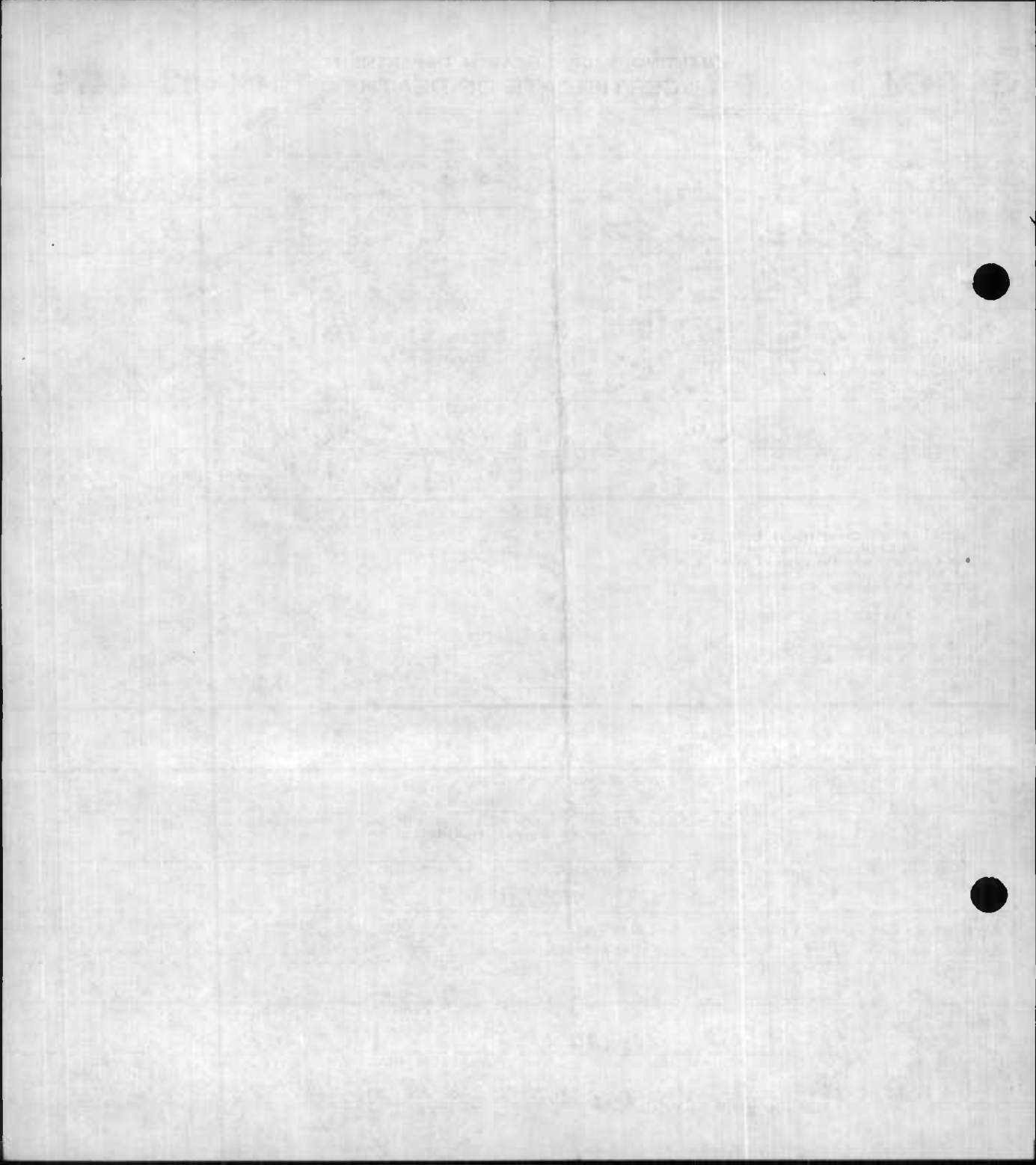
656  
52 0474  
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered 58-0474

1. NAME OF DECEASED (Type or Print) <b>HARRY E. WARNER</b>			2. DATE OF DEATH <b>Jan 16, 1952</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Balto</b>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <b>Merry Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 13-08</b>		
C. <b>Life</b> Birth of stay in Baltimore Yrs. <b>Life</b> Mos. <b>Life</b> Days <b>Life</b>			D. STREET ADDRESS (If rural, give location) <b>1320 Weldon Ave.</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 27, 1876</b>	9. AGE (In years, last birthday) <b>75</b>	10. Under 1 Year Months: <b>75</b> Days: <b>75</b>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Balto. Transit</b>			10B. KIND OF BUSINESS OR INDUSTRY <b>Transportation</b>		
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>			12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13. FATHER'S NAME <b>William Warner</b>			14. MOTHER'S MAIDEN NAME <b>Mary Conakk</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no known) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Mo. Lussie M. Warner 1320 Weldon Ave.</b>		

18. <b>610 X 1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Uremia</b> DUE TO <b>Uremia</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Uremia</b> DUE TO <b>Benign Prostatic Hypertrophy</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <b>Uremia</b>	INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b> <b>1 year</b>
---	---

19A. DATE OF OPERATION <b>Jan 14, 1952</b>		19B. MAJOR FINDINGS OF OPERATION <b>Uremia</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) <b>Jan 14, 1952</b>	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan 14, 1952</b> to <b>Jan 16, 1952</b> that I last saw the deceased alive on <b>Jan 14, 1952</b> , and that death occurred at <b>9:45</b> m., from the causes and on the date stated above.					
23A. SIGNATURE <b>W. S. Kever, Jr.</b>		23B. ADDRESS <b>Merry Hospital</b>		23C. DATE SIGNED <b>1/16/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 19, 1952</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Lorraine Park</b>	
24D. LOCATION (City, town, or county) (State) <b>Baltimore Md.</b>		24E. FUNERAL DIRECTOR <b>George F. Curgee</b>			
24F. DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1952</b>		24G. REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		24H. ADDRESS <b>3631 Falls Road</b>	
VS 150		137a			



BALTIMORE CITY HEALTH DEPARTMENT		X		Registered No. 52 0475	
BIRTH NO. 0475		CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print) Robert William Rumley, Jr.			2. DATE OF DEATH January 16, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Virginia		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION U.S. Public Health Service Hospital, Baltimore 11, Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Falls Church		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 314 N. Pennsylvania		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 29, 1950	9. AGE (In years last birthday) 1	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			11. BIRTHPLACE (State or foreign country) Virginia		
13. FATHER'S NAME Robert Rumley			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) --			16. SOCIAL SECURITY NO. --		
17. INFORMANT Records - US PHS Hospital, Balto, Md.			ADDRESS		
18. 755 X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ACUTE RESPIRATORY AND CARDIAC ARREST FOLLOWING CONVULSION FOLLOWING CLEFT PALATE OPERATION.				INTERVAL BETWEEN ONSET AND DEATH 7 hours	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CLEFT PALATE				18 months	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 1-16-52		19B. MAJOR FINDINGS OF OPERATION Cleft palate		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hospital		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) U. S. P. H. S. Hospital	
21D. TIME (Month) (Day) (Year) (Hour) Jan. 16, 1952 5:30 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Untoward Reaction to Vinethane Ether	
22. I hereby certify that I attended the deceased from 1-14-52, 19, to 1-16-52, 19, that I last saw the deceased alive on 1-16-52, 19, and that death occurred at 5:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director		23B. ADDRESS US PHS Hospital, Baltimore, Md.		23C. DATE SIGNED 1-17-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE Jan 17-52		24C. NAME OF CEMETERY OR CREMATORY Hollman & Brown Funeral Home Norfolk Va	
24D. LOCATION (City, town, or county) (State) Norfolk Va		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 403 E 25th St Bath 18 Ind	

VS 150  
To be approved by the Medical Examiner.



1941

1941





420  
2 0476BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0476  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)2. DATE  
OF  
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF  
HOSPITAL OR  
INSTITUTION

5. Length of stay in Baltimore

6. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR  
INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B) DUE TO  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/23/51, 19\_\_, to 1/15/52, 19\_\_, that I last saw the  
deceased alive on 1/14/52, 19\_\_, and that death occurred at 2 P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE, SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

38 0110

RECEIVED  
FEB 10 1967  
U.S. AIR FORCE

38 0110

400  
2 0477

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0477

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Michael J. Buehl</i>			2. DATE OF DEATH <i>1-17-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto</i>			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>2406 N. Calvert St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md.</i>		
6. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2406 N. Calvert Street</i>		
7. SEX <i>M.</i>	8. COLOR OR RACE <i>W.</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <i>Single</i>	10. DATE OF BIRTH <i>2-5-76</i>		11. AGE (In years, last birthday) <i>75</i>
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Painter</i>			13. KIND OF BUSINESS OR INDUSTRY <i>Self Emp.</i>		14. BIRTHPLACE (State or foreign country) <i>Baltimore -</i>
15. FATHER'S NAME <i>Michael Buehl</i>			16. MOTHER'S MAIDEN NAME <i>Elizabeth Bickel</i>		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			18. SOCIAL SECURITY NO.		
19. ADDRESS			20. INFORMANT <i>Chas. C. O'Neal - same</i>		

18. <i>4500 I</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		<i>generalized arteriosclerosis</i>		<i>1 yr</i>	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>benign prostatic hypertrophy</i>		<i>1 yr</i>	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan</i> , 1950, to <i>Jan 17</i> , 1952 that I last saw the deceased alive on <i>Jan 15, 1952</i> and that death occurred at <i>8:00 AM</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>E. Elworth</i>		23B. ADDRESS <i>2431 Maryland Avenue</i>		23C. DATE SIGNED <i>1-17-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1-19-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto - Md.</i>		24E. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		24F. ADDRESS <i>403 S. Wolfe St</i>	

VS 150

97

2431 Md. Ave

7200 M

**BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH**

Registered No. **52 0478**

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
FRANCIS M. SABOURY		Jan. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY	
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 519 Scott St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 519 Scott St.	
7. SEX male	8. COLOR OR RACE white	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH July 6, 1893
11. AGE (In years last birthday) 58	12. Under 1 Year Months: Days	13. Under 24 Hours Hours: Min.	
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		15. KIND OF BUSINESS OR INDUSTRY City Park Cept.	
16. FATHER'S NAME Joseph Saboury		17. MOTHER'S MAIDEN NAME Barbara Brubaker	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		19. SOCIAL SECURITY NO.	
20. INFORMANT Mrs. Nettie Saboury		21. ADDRESS 519 Scott St.	

18. <u>163 X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <u>Carcinoma of lung</u> DUE TO (B) <u>Bronchitis + Asthma (Bronchial)</u> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u> <u>2 yrs.</u>	
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 1, 1950</u> to <u>Jan 16th, 1952</u> , that I last saw the deceased alive on <u>Jan 15, 1952</u> and that death occurred at <u>10:55 m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Samuel Cates</u>		23B. ADDRESS <u>517 Scott St</u>		23C. DATE SIGNED <u>Jan 16/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 1/19/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
				24D. LOCATION (City, town, or county) (State) Balto., Md.	
25. DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1952		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Wm. J. Tiekner &amp; Sons</u>	
VS 150		69093		477 Balto 17 Md	

8116 32

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563  
2 0479BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

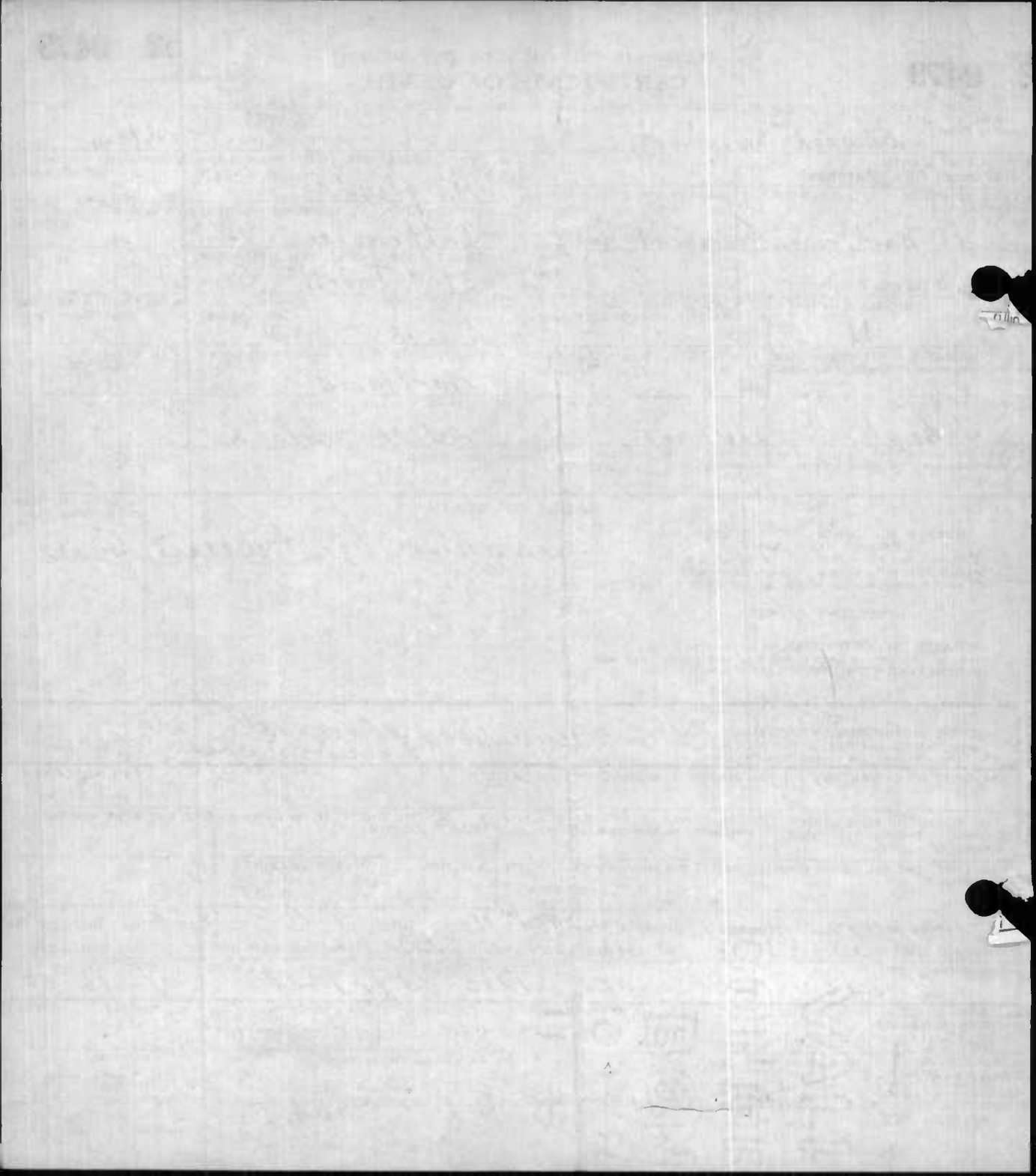
52 0479

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>Edward Reinhart</b>		2. DATE OF DEATH <b>1/16/52</b>	
3. PLACE OF DEATH: A. <b>Baltimore City, Maryland</b> <b>Baltimore</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>25-04</b>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>South Baltimore General Hosp.</b>		C. CITY OR TOWN <b>Baltimore</b>	
6. LENGTH OF STAY IN BALTIMORE <b>?</b>		D. STREET ADDRESS (If rural, give location) <b>3707 Fourth Street</b>	
7. SEX <b>M</b>	8. COLOR OR RACE <b>W</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>?</b>	10. DATE OF BIRTH <b>Aug. 16</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>?</b>		12. AGE (In years last birthday) <b>49</b>	
13. FATHER'S NAME <b>Joseph H. Reinhart</b>		14. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>?</b>		16. CITIZEN OF WHAT COUNTRY? <b>?</b>	
17. SOCIAL SECURITY NO. <b>?</b>		18. MOTHER'S MAIDEN NAME <b>Edith Holden</b>	
19. INFORMANT		ADDRESS	
18. <b>420.0 and 199.1</b>		CAUSE OF DEATH <b>Chronic heart disease</b>	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		INTERVAL BETWEEN ONSET AND DEATH <b>years</b>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<b>Post. generalized abdominal craniomata</b>	
19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>Oct. 11 - 1951</b> , to <b>1-16 - 1952</b> , that I last saw the deceased alive on <b>1-16 - 1952</b> and that death occurred at <b>5:30 p.m.</b> , from the causes and on the date stated above.			
23A. SIGNATURE <b>Agustini del Canapa</b>		23B. ADDRESS <b>1213 Light st</b>	
23C. DATE SIGNED <b>1-16-52</b>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1-19-1952</b>	
24C. NAME OF CEMETERY OR CREMATORY <b>St. Peters &amp; Paul</b>		24D. LOCATION (City, town, or county) (State) <b>Cumberland Md.</b>	
25. FUNERAL DIRECTOR <b>Huntington Williams, M.D.</b>		ADDRESS <b>John A. Moran 3000 E. Baltimore St</b>	





40  
0480BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0480

1. NAME OF DECEASED (Type or Print) Elizabeth A. Farrell		2. DATE OF DEATH Jan. 16th. 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 4108 Maine Ave.		C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 28-02	
6. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 4108 Maine Ave.	
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	10. DATE OF BIRTH 7-26-1859
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. AGE (in years last birthday) 92	
13. FATHER'S NAME Anthony Clarke		14. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. CITIZEN OF WHAT COUNTRY?	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Bridget Mulligan	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. INFORMANT ADDRESS John Farrell 4108 Maine Ave.	
19. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
(A) Anterior sclerotic degeneration			
DUE TO Myocardial degeneration			
(B) Pulmonary edema			
DUE TO 10 days			
(C)			
21. ANTECEDENT CAUSES			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
22. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
23. DATE OF OPERATION 0		24. MAJOR FINDINGS OF OPERATION	
None		no operation	
25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
26. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		27. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
28. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
29. TIME (Month) (Day) (Year) (Hour) OF INJURY		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. HOW DID INJURY OCCUR?			
32. I hereby certify that I attended the deceased from Oct 25, 1951, to Jan 16, 1952, that I last saw the deceased alive on Jan 15, 1952, and that death occurred at 12:45 A.M., from the causes and on the date stated above.			
33. SIGNATURE Edward P. Smith M.O.		34. ADDRESS 920 St. Paul St.	
35. DATE SIGNED Jan. 16/52			
36. BURIAL, CREMATION, REMOVAL (Specify) Burial		37. DATE 1-19-1952	
38. NAME OF CEMETERY OR CREMATORY New Cathedral		39. LOCATION (City, town, or county) Baltimore Md.	
40. DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1952		41. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
42. FUNERAL DIRECTOR John B. Morgan		43. ADDRESS 3000 E. Baltimore St	



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0481BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0481

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WADE PUCKETT		2. DATE OF DEATH January 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-01			
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 420 N. Gilmore Street			
7. SEX Male	8. COLOR OR RACE Colored	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	10. DATE OF BIRTH 3/13/1887	11. AGE (In years last birthday) 64	12. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truckman		14. KIND OF BUSINESS OR INDUSTRY Freight Handling		15. BIRTHPLACE (State or foreign country) South Carolina U.S.A.	
16. FATHER'S NAME Louis Puckett		17. MOTHER'S MAIDEN NAME Mary Frasier			
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) YES World War I		19. SOCIAL SECURITY NO. 705-09-649		20. INFORMANT ADDRESS Julia Puckett - 1526 Ashland Ave	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease		22. CAUSE OF DEATH (A) DUE TO (B) (C)			
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		24. INTERVAL BETWEEN ONSET AND DEATH			
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		26. II			
27. DATE OF OPERATION		28. MAJOR FINDINGS OF OPERATION		29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
30. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		31. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
33. TIME (Month) (Day) (Year) (Hour) OF INJURY		34. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		35. HOW DID INJURY OCCUR?	
36. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
37. SIGNATURE William Wood		38. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR		39. DATE SIGNED Jan. 16, 1952	
40. BURIAL, CREMATION, REMOVAL (Specify)		41. DATE 1/19/52		42. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
43. DATE RECEIVED BY LOCAL REGISTRAR JAN 17 1952		44. REGISTRAR'S SIGNATURE Huntington Williams, Jr.		45. FUNERAL DIRECTOR Lothie Gross - 1408 ASHLAND AVE	
46. ADDRESS		47. ADDRESS Brooklyn, Md.			

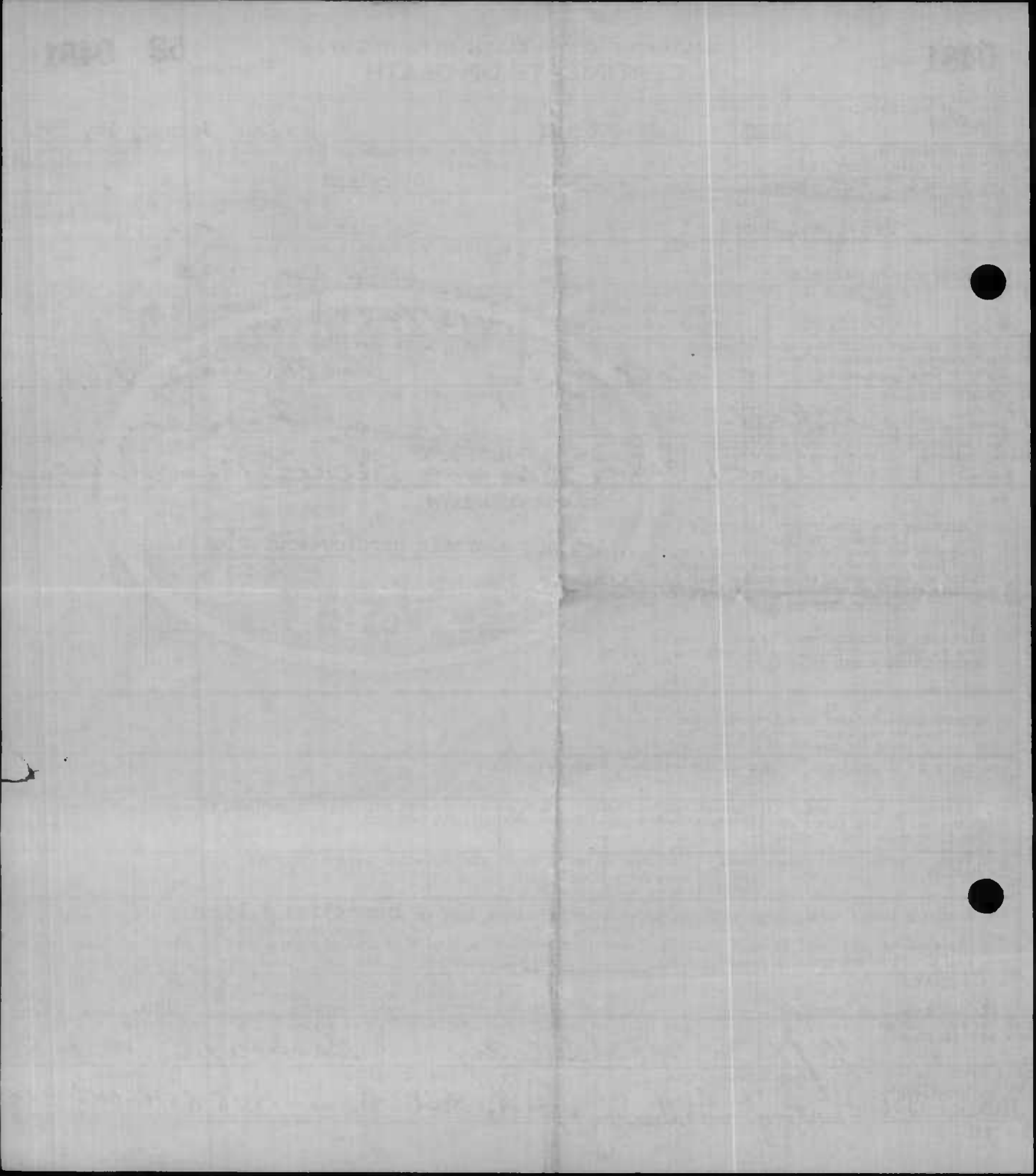
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937 ✓

1840 3d

HEAD-QUARTERS

1840



455  
2 0482BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0482

1. NAME OF DECEASED (Type or Print) <b>ALGIE COLEMAN</b>			2. DATE OF DEATH <b>January 13, 1952</b>		
3. PLACE OF DEATH: a. <b>Baltimore City, Maryland</b>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <b>University Hospital</b>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
d. STREET ADDRESS (If rural, give location) <b>713 1/2 W. Saratoga Street</b>			e. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>7/5/1916</b>	9. AGE (In years last birthday) <b>35</b>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HARDCARRIER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>CONSTRUCTION CO.</b>		
11. BIRTHPLACE (State or foreign country) <b>DINWITTY CO. VA.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>WILLIS COLEMAN</b>			14. MOTHER'S MAIDEN NAME <b>MARY</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>MARY BAKER (M)</b>			ADDRESS <b>713 1/2 SARATOGA ST.</b>		

18. <b>5615</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Strangulated hernia</b> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Peritonitis</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <b>Strangulated hernia</b> (B) <b>Peritonitis</b> (C)	INTERVAL BETWEEN ONSET AND DEATH
--	---	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <b>Partial Autopsy</b> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <b>natural causes</b> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Wood</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Jan. 14, 1952</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24B. DATE <b>1/19/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Arbutus Mem'l. Pk.</b>	
24D. LOCATION (City, town, or county) <b>BALTO. MD.</b>		24E. FUNERAL DIRECTOR <b>CHOSE 4G.8 COOPER-512 CARROLLTON AV.</b>			
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 17 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams M.D.</i>		ADDRESS <b>970 24 Charles St. 122a</b>	

5210 52

MASSACHUSETTS

5210 5



52 0483

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0483  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

EUNICE

YOUNG

2. DATE  
OF  
DEATH Jan. 14, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 20-01

D. STREET ADDRESS (If rural, give location)

408 N. Monroe Street

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days5. SEX  
female6. COLOR OR RACE  
colored7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 21, 1915

9. AGE (In years  
last birthday)

36

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Clerical work

10B. KIND OF BUSINESS OR  
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind. Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

James Grandison

14. MOTHER'S MAIDEN NAME

Bertha Lewis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Bertha Grandison

18. 490X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH

Lobar pneumonia

(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) .....

DUE TO

## ANTECEDENT CAUSES

(B) .....

DUE TO

(C) .....

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)  
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY21E. INJURY OCCURRED  
WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Duncanson

M.D.

23B. CHIEF MEDICAL EXAMINER.....  
ASSISTANT MEDICAL EXAMINER.....  
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Jan. 15, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952

Huntington Williams, M.D.

Max E. Phelps, M.D., Daughter

VS 151

39099 11597. Carline St. 108

1883

1883

1/2

March

March 1st

James Buchanan

March 1st

March 1st

March 1st

March 1st

James Buchanan

March 1st

March 1st

March 1st

52 0484

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0484  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

WALTER

LUSK

2. DATE  
OF  
DEATH

January 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Union Memorial Hospital

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE  
White7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH

May 29 - 1882

9. AGE (In years  
last birthday)

69

If Under 1 Year  
Months: DaysIf Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Care taker

10B. KIND OF BUSINESS OR  
INDUSTRY

Widow

11. BIRTHPLACE (State or foreign country)

Iowa

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Geo Black, Riva Maryland

18

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from  
Autopsy, Inspection or Inquiry  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....☐  
ASSISTANT MEDICAL EXAMINER.....☒  
M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Jan. 16, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952

Huntington

William

B. C. Hopping

L. R. C. Hopping

931



26  
52 0485BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0485  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Freda Blacker</u>			2. DATE OF DEATH <u>January 16, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Calvert</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 3-01</u>		
C. Length of stay in Baltimore Yrs. <u>0</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>225 Mason Ct.</u>		
5. SEX <u>Female</u>	6. COLOR or RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>5-3-18</u>	9. AGE (In years last birthday) <u>33</u>	10. Under 1 Year Months: <u>0</u> Days: <u>0</u>
10A. USUAL OCCUPATION (Give kind of occupation during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Balto. Md</u>
13. FATHER'S NAME <u>Joseph Blacker</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>			14. MOTHER'S MAIDEN NAME <u>Sara Edens</u>		
16. SOCIAL SECURITY NO.			17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u> ADDRESS		

18. <u>592X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Renal Insufficiency</u> DUE TO (A) <u>Chronic Nephritis [? glomerulo ?] [? pyelo ?]</u> DUE TO (B) <u>?</u> DUE TO (C) <u>?</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 w. +</u> <u>?</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>1-13</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) <u>1-16-52</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-13</u> , 1952 to <u>1-16</u> , 1952, that I last saw the deceased alive on <u>1-16</u> , 1952, and that death occurred at <u>7:45 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Dudley P. Jackson</u>		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		23C. DATE SIGNED <u>1/17/52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>1-18-52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Shel Sholom</u>	
24D. LOCATION (City, town, or county) <u>Balto Md</u>		24E. FUNERAL DIRECTOR <u>Huntington Williams, M.D. Jack Lewis Inc 2100 Eutaw Pl</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 18 1952</u>		VS 150 <u>1952</u>			

131B

2810 38 0482

2810 38 0482

52 0486

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0486  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

PHILIP BEBER

2. DATE  
OF  
DEATH

1-17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4613 Park Hgts Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence  
before admission)

A. STATE

B. COUNTY

Md

15-10

5. FULL NAME OF (If not in hospital or institution, give street address or  
HOSPITAL OR location)  
INSTITUTION

Mt Lucia Home

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give  
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4006 Maine Ave

6. Length of stay in Baltimore

45

Yrs.  
Mos.  
Days

7. SEX

Male

8. COLOR OR RACE

White

9. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Married

10. DATE OF BIRTH

11. AGE (In years  
last birthday)12. Under 1 Year  
Months: Days  
Hours: Min.

64

13. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Merchant

14. KIND OF BUSINESS OR  
INDUSTRY

Furniture

15. BIRTHPLACE (State or foreign country)

Russia

16. CITIZEN OF  
WHAT COUNTRY?

17. FATHER'S NAME

Hillie

18. MOTHER'S MAIDEN NAME

Not known

19. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)20. SOCIAL  
SECURITY NO.

21. INFORMANT

ADDRESS

Eva Beber -

Baltimore

22. 460 X 1

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asphyxia, etc. It means the disease,  
injury or complication which caused death.)(A) Arteriosclerotic Cardio-Vascular  
Disease. Hypertension  
myocardial failureINTERVAL BETWEEN  
ONSET AND DEATHabout  
10 yrs.

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) Diabetes

Same as  
above.

## II

OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

23. DATE OF OPERATION

24. MAJOR FINDINGS OF OPERATION

25. AUTOPSY?

YES ☐ NO ☐26. ACCIDENT, SUICIDE,  
HOMICIDE (Specify)27. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)28. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

29. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

30. INJURY OCCURRED

31. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐  
m. WORK AT WORK32. I hereby certify that I attended the deceased from July 1939, to 1/17/52, 19\_\_, that I last saw the  
deceased alive on 1/10/52, 19\_\_, and that death occurred at 11:45 P. M., from the causes and on the date stated above.

33. SIGNATURE

34. ADDRESS

35. DATE SIGNED

Hathaway Spruit

300 Garrison Blvd

1/18/52

36. BURIAL, CREMA-  
TION, REMOVAL (Specify)

37. DATE

38. NAME OF CEMETERY OR CREMATORY

39. LOCATION (City, town, or county) (State)

40. DATE RECEIVED BY  
LOCAL REGISTRAR

41. REGISTRAR'S SIGNATURE

42. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952

Huntington Williams, M.D. Jack Lewis M.D. 2100 Canton Pl



Appts  
Garrison Blvd

Mo 9958

3100 GARRISON BLVD

52 0487

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0487  
Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

Sarah Yetta Cohen

2. DATE  
OF  
DEATH

January 17, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF  
HOSPITAL OR  
INSTITUTION (If not in hospital or institution, give street address or location)

4613 Park Heights Avenue

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE  
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3718 Towanda Avenue

C. Length of stay in Baltimore

46 yrs

5. SEX  
Female6. COLOR OR RACE  
white7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
WIDOW8. DATE OF BIRTH  
18629. AGE (In years last birthday)  
9010. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF  
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Cohen

14. MOTHER'S MAIDEN NAME

Rose ???

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.17. INFORMANT  
ADDRESS  
Abraham Cohen - 3718 Towanda Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH  
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic Heart Disease

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis, generalized

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 15, 1952, to Jan 17, 1952, that I last saw the deceased alive on Jan 17, 1952 and that death occurred at 2:10 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952

Huntington, William, M.D.

John L. Harrison + Bros. - 1124-26

W. North Ave.

93D

1755 33

1755 33

1755 33

1755 33



1



26  
52 0488BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0488

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

NICK

KERAGEORGE

2. DATE  
OF  
DEATH

January 15, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1004 E. North Avenue

Yrs.  
Mos.  
Days

5. Length of stay in Baltimore

6. COLOR OR RACE

Male

White

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1893

9. AGE (In years  
last birthday)

58

10. Under 1 Year  
Months: Days11. Under 24 Hours  
Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Merchant

10B. KIND OF BUSINESS OR  
INDUSTRY

Cigar Store

11. BIRTHPLACE (State or foreign country)

Greece

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Theodore Kerageorse

14. MOTHER'S MAIDEN NAME

Martha Salonikas

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL  
SECURITY NO.

None

17. INFORMANT

Alex George

ADDRESS

933 Buchanan Pa

18. 491X

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(B)  
DUE TO

(C)

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS  
UNDERLYING ☐ OR CONTRIB-  
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from  
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,  
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William S. Smith

23B. CHIEF MEDICAL EXAMINER..... ☐ASSISTANT MEDICAL EXAMINER..... ☒M.D. MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED

Jan. 16, 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

1/14/52

24C. NAME OF CEMETERY OR CREMATORY

Charles Evans

24D. LOCATION (City, town, or county)

Reading, Pa

(State)

DATE RECEIVED BY

JAN 18 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

E. J. ...

ADDRESS

4600 ...

*[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]*

2, 52 0489  
300

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0489  
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Morris J. Scott Sr.</i>		2. DATE OF DEATH <i>Monday 12/19/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>20-06</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Sinai Hospital of Baltimore, Inc.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
D. STREET ADDRESS (If rural, give location) <i>137 S. Hilton St.</i>			
6. Length of stay in Baltimore <i>30 yrs</i>		E. Yrs. Mos. Days	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Feb. 5, 1895</i>
9. AGE (In years last birthday) <i>56</i>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Guard</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>R. R. Express</i>		11. BIRTHPLACE (State or foreign country) <i>Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>✓</i>		13. FATHER'S NAME <i>Scott</i>	
14. MOTHER'S MAIDEN NAME <i>Unknown</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>Yes, no or unknown</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Victoria Scott, 137 S. Hilton St.</i>	

18. <i>443 X I</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Cerebrovascular accident</i>			
DUE TO		(B) <i>Hypertensive cerebrovascular disease</i>			
DUE TO		(C)			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		<i>Branchopneumonia</i>			

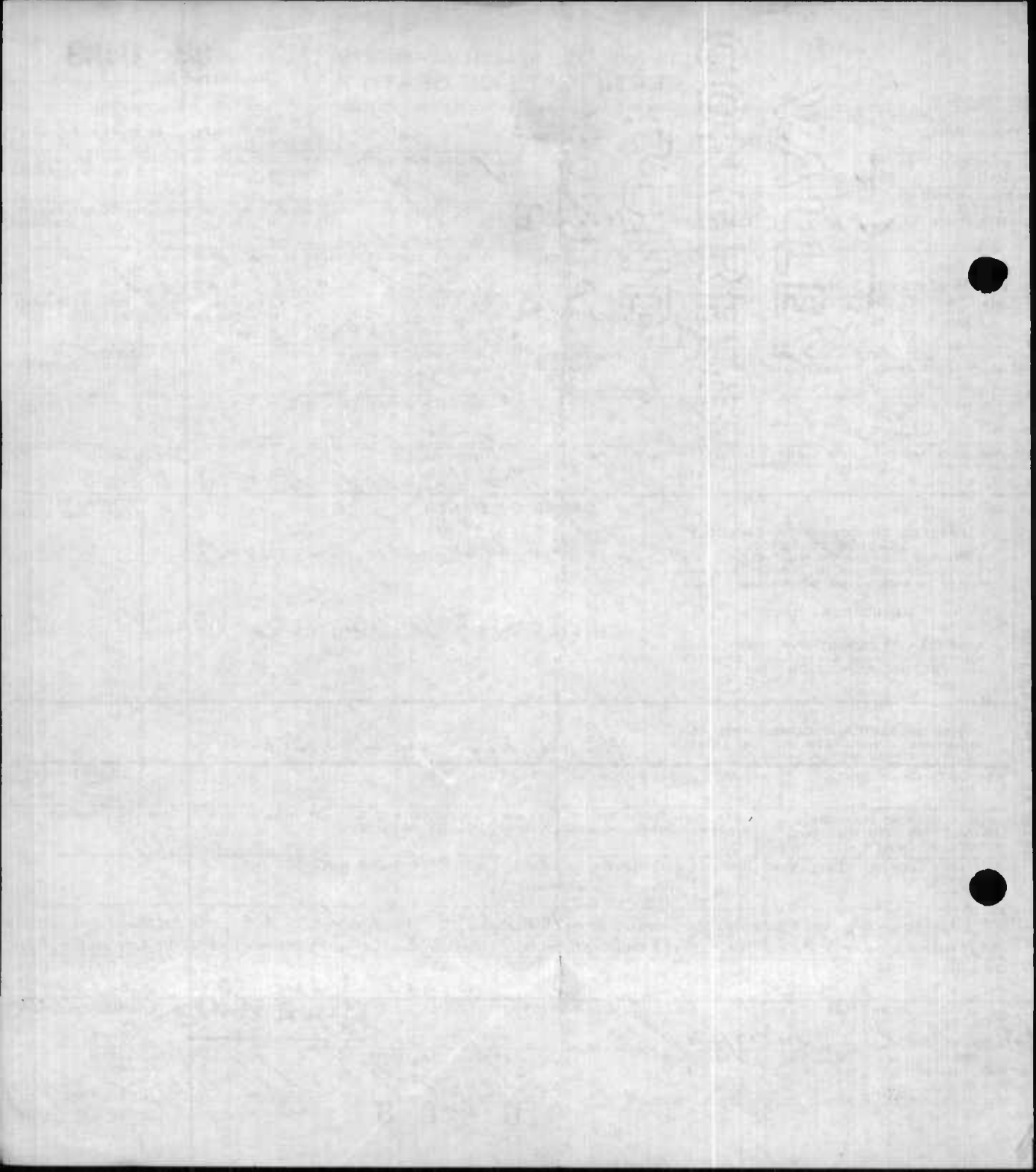
19A. DATE OF OPERATION <i>✓</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *Jan. 14*, 19*52*, to *Jan. 17*, 19*52* that I last saw the deceased alive on *Jan. 17*, 19*52* and that death occurred at *11:02 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Myron Fine</i>	M. D.	23B. ADDRESS <i>Sinai Hospital</i>	23C. DATE SIGNED <i>Jan. 17, 1952</i>
24. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>Jan. 19/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery, Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JAN 18 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Harry A. Witzke</i> ADDRESS <i>4101 Edmondson</i>	

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76358 400  
937 am

MEDICAL CERTIFICATION





52 0490

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. 52 0490

1. NAME OF DECEASED (Type or Print) <b>GERALD F. SCOTT</b>			2. DATE OF DEATH <b>January 15, 1952</b>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <b>South Baltimore General Hospital</b>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore 25-04</b>		
7. STREET ADDRESS (If rural, give location) <b>3610 Tenth Street</b>			8. DATE OF BIRTH <b>June 5, 1900</b>		
9. SEX <b>Male</b>			10. AGE (In years last birthday) <b>51</b>		
11. COLOR OR RACE <b>White</b>			12. BIRTHPLACE (State or foreign country) <b>Va.</b>		
13. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			14. CITIZEN OF WHAT COUNTRY?		
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pipe Fitter</b>			16. KIND OF BUSINESS OR INDUSTRY <b>Lever Bros.</b>		
17. FATHER'S NAME <b>Scott</b>			18. MOTHER'S MAIDEN NAME <b>Unknown</b>		
19. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)			20. SOCIAL SECURITY NO.		
21. INFORMANT <b>Mrs. Ada Scott, 3610 10th St.</b>			22. ADDRESS		

18. <b>E 970.21</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Barbiturate intoxication</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <b>3610 Tenth Street</b>	
21D. TIME (Month) (Day) (Year) (Hour) <b>January 13, 1952</b>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <b>tablets</b> <b>Ingested overdose of phenobarbital</b>	

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William H. [Signature]</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED <b>Jan. 16, 1952</b>	
---	--	---	--	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>Jan. 19/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Glen Haven</b>		24D. LOCATION (City, town, or county) (State) <b>Glen Burnie, Md.</b>	
--	--	--------------------------------	--	---	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 18 1952</b>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>W. H. [Signature]</i>		ADDRESS <b>4101 Almondson Ave.</b>	
--	--	---	--	--	--	---------------------------------------	--

VS 151 **N-971.0** **5744R** **163B** ✓

0014 30

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52 0491

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0491

Registered No.

BIRTH NO.

1. NAME OF DECEASED  
(Type or Print)

George Trabant

2. DATE  
OF  
DEATH

Jan. 16/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

1008 Barre St

C. Length of stay in Baltimore

Life

Yrs.  
Mos.  
Days5. SEX  
Male6. COLOR OR RACE  
W.7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH

Oct. 12, 1879

9. AGE (In years  
last birthday)

72

10. Under 1 Year  
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

Jobber, retired

10B. KIND OF BUSINESS OR  
INDUSTRY

self employed

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF  
WHAT COUNTRY?

13. FATHER'S NAME

Trabant

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL  
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Louise E. Trabant, 1008 Barre St

18. 420.0

## CAUSE OF DEATH

INTERVAL BETWEEN  
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.(A) Chronic Myocarditis with Hypertro-  
phy, myocardial degeneration, insufficiency  
and congestive failure. (Two  
yrs.)  
(B) Generalized arteriosclerosis, arterio-sclerotic  
type of disease.  
(C)II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.Infection of nose + throat + Bronchi  
Nov 15 to  
Nov 30 1951

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐  
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Chorley, Md., 1951 to Jan 16, 1952 that I last saw the  
deceased alive on Jan 16 1952 and that death occurred at 7:00 AM, from the causes and on the date stated above.

23A. SIGNATURE

John Trabant

M. D.

23B. ADDRESS

1015 POPULAR GROVE ST.

23C. DATE SIGNED

Jan 17 1952

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

Burial

24B. DATE

Jan. 19/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county)

Balto. 29, Md.

(State)

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D. Harry F. W. W. 4101 Edmondson

25. FUNERAL DIRECTOR

ADDRESS

VS 150

10052029060490

935 Ave.

1940

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1940

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THE CHICAGO HEALTH DEPARTMENT  
BUREAU OF STATISTICS

NAME		AGE		SEX		RACE		RELIGION		EDUCATION		OCCUPATION		MARRIAGE		DEATH	

56  
52 0492BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0492  
Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

IDA MAY BREMMER

2. DATE  
OF  
DEATH

Jan. 14, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3716 Hudson St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

Life

Yrs.  
Mos.  
Days

C. Length of stay in Baltimore

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,  
WIDOWED, DIVORCED (Specify)

Female

White

Married

10A. USUAL OCCUPATION (Give kind of  
work done during most of working life, even if retired)

House Work.

10B. KIND OF BUSINESS OR  
INDUSTRY

At Home.

13. FATHER'S NAME

Henry Brusstar

15. WAS DECEASED EVER IN U. S. ARMED FORCES?  
(If yes, give war or dates of service)16. SOCIAL  
SECURITY NO.  
212-05-3113 B

8. DATE OF BIRTH

June 25, 1880

9. AGE (in years  
last birthday)

71

11 Under 1 Year  
Months: Days11 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF  
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Amelia Lien

17. INFORMANT

ADDRESS

George Bremmer 3716 Hudson St.

18. 576 X

## CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY  
LEADING TO DEATH(This does not mean the mode of dying, e. g.,  
heart failure, asthenia, etc. It means the disease,  
injury or complication which caused death.)

(A) \_\_\_\_\_

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING  
RISE TO THE ABOVE CAUSE (A) STATING THE  
UNDERLYING CONDITION LAST.

(B) \_\_\_\_\_

DUE TO

(C) \_\_\_\_\_

INTERVAL BETWEEN  
ONSET AND DEATH

1952

1942

II  
OTHER SIGNIFICANT CONDITIONS CON-  
TRIBUTING TO THE DEATH, BUT NOT RELATED  
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-  
LYING ☐ OR CONTRIBUTING ☐  
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or  
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID  
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)  
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT  
WORK ☐NOT WHILE  
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 12, 1952 to Jan 14, 1952, that I last saw the  
deceased alive on Jan 12, 1952, and that death occurred at 11:50 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

24B. DATE

Jan. 18 1952

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

7225 Eastern Ave. Balto., Md.

DATE RECEIVED BY  
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952

Huntington Williams, M.D.

Charles S. Geiler

901 S. Conkling St.

VS 150

93E

32 0135

32 0135

RECEIVED THE NEW YORK DEPARTMENT

CERTIFICATE OF DEATH

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52 0493

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Edward F. Durner.</u>		2. DATE OF DEATH <u>Jan 16, 1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1015 W. 39th St.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>			
C. Length of stay in Baltimore <u>Life</u>		D. STREET ADDRESS (If rural, give location) <u>1015 W. 39th St.</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Sept 19, 1892</u>	9. AGE (In years last birthday) <u>59</u>	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Poole Engineering</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Jesse Durner</u>		14. MOTHER'S MAIDEN NAME <u>Mary A. Bollinger.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>Yes, no or unknown</u>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>Mrs. May Madairy 1015 W. 39th St.</u>	

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Coronary Thrombosis</u>		CAUSE OF DEATH (A) <u>Coronary Thrombosis</u> DUE TO (B) <u>Hypertension C V D.</u> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u> <u>?</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>9-22</u> , 19 <u>51</u> , to <u>1-16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1-16</u> , 19 <u>52</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Samuel H. H. H.</u>		23B. ADDRESS <u>5711 Falls Rd.</u>		23C. DATE SIGNED <u>1-18-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Jan 19/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>St. Mary's, Hampden</u>	
24D. LOCATION (City, town, or county) <u>3900 Roland Ave., Md.</u>		24E. LOCATION (City, town, or county) (State)			

DATE RECEIVED BY LOCAL REGISTRAR <u>JAN 18 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR <u>Christine E. Donovan</u>	
VS 150		97024		3818 Roland Ave.	

MEDICAL CERTIFICATION



012 012

CONFIDENTIAL  
ADVERTISING

6532 0494

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0494

Registered No.

BIRTH NO. 52-01616

1. NAME OF DECEASED (Type or Print) <b>James Ernest Brandt</b>			2. DATE OF DEATH <b>1.17.52</b>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <b>Baltimore</b>			4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <b>Maryland</b> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b>		
c. Length of stay in Baltimore <b>1</b> <small>Yrs Mon Days</small>			D. STREET ADDRESS (If rural, give location) <b>218 E. Cross St. 24-03</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>1.16.52</b>		9. AGE (In years last birthday) <b>20</b> <small>Months Days</small>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Baltimore</b>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <b>James Martin Brandt</b>			14. MOTHER'S MAIDEN NAME <b>June Claudette Colbert</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <b>James M. Brandt 218 E. Cross St</b>		

18. <b>76251</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Atelectasis of the lungs</b>		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>Prematurity</b>		
(B) DUE TO		
(C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1/16, 1952** to **1/17, 1952**, that I last saw the deceased alive on **1/17, 1952** and that death occurred at **11:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE <b>Louise Jones</b>	23B. ADDRESS <b>2730 Y Club St</b>	23C. DATE SIGNED <b>1/17/52</b>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24B. DATE <b>1-18-52</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>	24D. LOCATION (City, town, or county) (State) <b>Pitchoy Hay &amp; Co</b>
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DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 18 1952</b>	REGISTRAR'S SIGNATURE <b>Huntington</b>	25. FUNERAL DIRECTOR <b>Beaumont C. Harte</b>	ADDRESS <b>121 E West St</b>
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MEDICAL CERTIFICATION

1000

UNITED STATES OF AMERICA  
DEPARTMENT OF COMMERCE  
BUREAU OF MARITIME SERVICE

1000

1000

610

52 0495

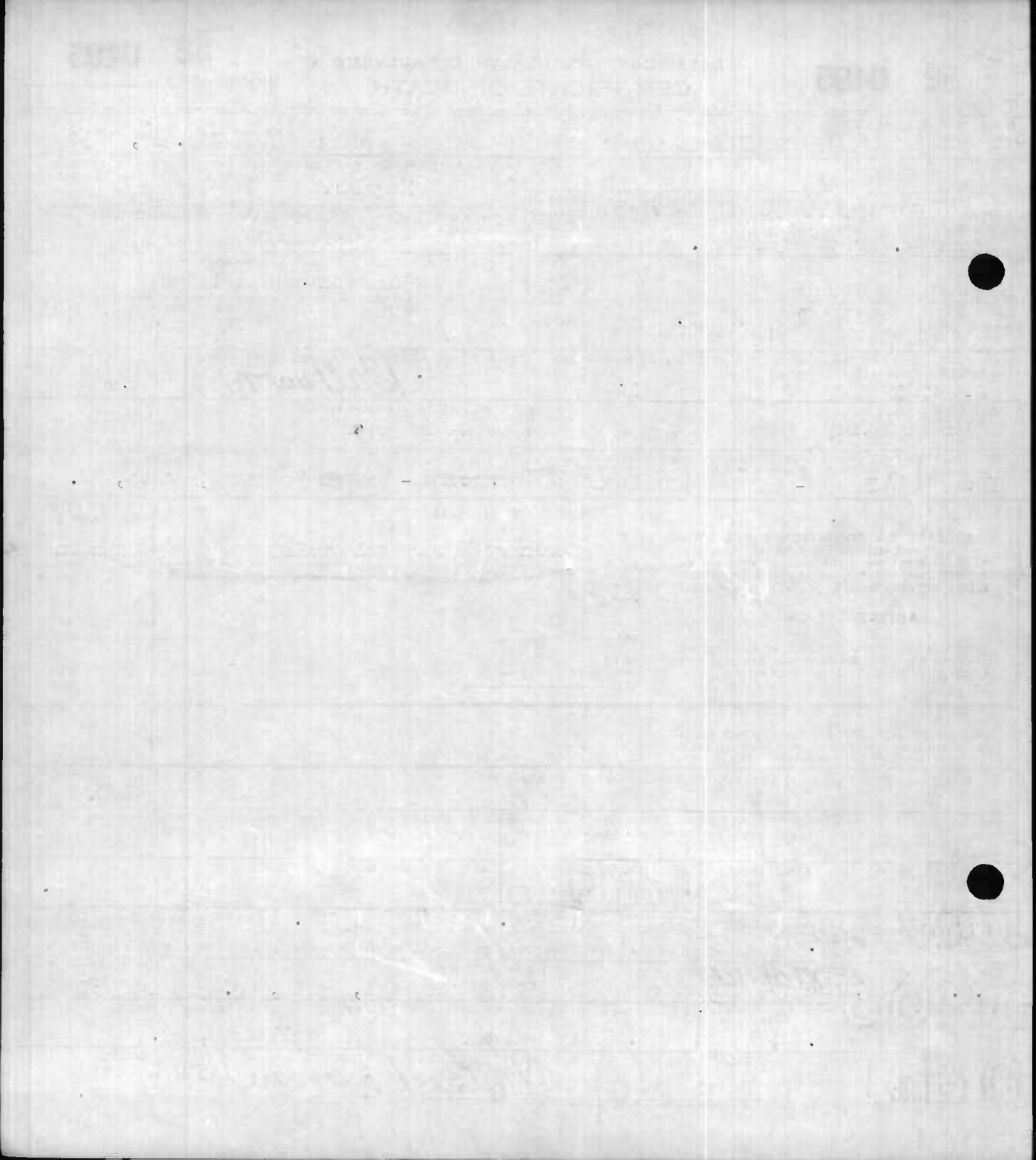
BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0495  
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <b>CLARENCE WILLIAM SHARP</b>		2. DATE OF DEATH <b>Jan. 17, 1952</b>	
3. PLACE OF DEATH: <b>Baltimore City, Maryland</b>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY <b>Baltimore</b>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <b>US Public Health Service Hospital</b> <b>Wyman Pk. Drive &amp; 31st St.</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Baltimore</b> <b>5300</b>	
6. Length of stay in Baltimore <b>?</b> Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>3628 Milford Mill Road</b>	
7. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6/28/92</b>
9. AGE (In years last birthday) <b>59</b>		10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Attorney</b>		10B. KIND OF BUSINESS OR INDUSTRY <b>Law</b>	
11. BIRTHPLACE (State or foreign country) <b>Md. Baltimore</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Clarence Sharp</b>		14. MOTHER'S MAIDEN NAME <b>Annie Pryor</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>Yes</b> <b>WWI</b> <b>- USN</b>		16. SOCIAL SECURITY NO. <b>212-07-0556</b>	
17. INFORMANT <b>Records - US PHS Hospital, Balto, Md.</b>		ADDRESS	

18. <b>420.1</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>Coronary artery sclerosis</b> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19. CAUSE OF DEATH <b>?</b> <b>Coronary artery sclerosis</b> DUE TO DUE TO DUE TO	20. INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>
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19A. DATE OF OPERATION <b>7</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) (Minute) (Second) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Dec. 4</b> , 19 <b>51</b> , to <b>Jan. 17</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>Jan. 17</b> , 19 <b>52</b> , and that death occurred at <b>5 A. m.</b> , from the causes and on the date stated above.				
23A. SIGNATURE <b>D. W. Patrick, Medical Director</b>		23B. ADDRESS <b>M. D. US PHS Hospital, Balto, Md.</b>		23C. DATE SIGNED <b>1/17/52</b>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <b>Jan. 19, 1952</b>	24C. NAME OF CEMETERY OR CREMATORY <b>Mt. Olive Cemetery</b>	24D. LOCATION (City, town, or county) (State) <b>Randallstown, Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 18 1952</b>	REGISTRAR'S SIGNATURE <b>William H. Williams</b>		FUNDAL DIRECTOR <b>William H. Williams</b> ADDRESS <b>4510 Liberty Heights Ave.</b>	



00052 0496

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0496

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary A. NEU</i>		2. DATE OF DEATH <i>Jan. 16, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>902 Argonne Drive</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
6. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>902 Argonne Drive 9-01</i>	
7. SEX <i>female</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	10. DATE OF BIRTH <i>June 19, 1876</i>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		12. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	13. AGE (In years and last birthday) <i>75</i>
14. BIRTHPLACE (State or foreign country) <i>Maryland</i>		15. CITIZEN OF WHAT COUNTRY?	
16. FATHER'S NAME <i>Jacob Hoffman</i>		17. MOTHER'S MAIDEN NAME <i>Rebecca Shoen</i>	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>no</i>		19. SOCIAL SECURITY NO. <i>no</i>	
20. INFORMANT <i>Mrs. N. Edward Bartlett - 902 Argonne Dr.</i>		ADDRESS	

18. <i>451 X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arterio Anurysm</i> DUE TO <i>Arteriosclerosis</i> DUE TO <i>None</i> DUE TO <i>None</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i> <i>Unknown</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION <i>None</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>None</i>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>None</i>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>None</i>	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>None</i>		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? <i>None</i>	
22. I hereby certify that I attended the deceased from <i>1949</i> , 19 <i>52</i> , to <i>Jan. 16</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>Jan. 16</i> , 19 <i>52</i> and that death occurred at <i>5:50 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>L. Carl Myers</i>		23B. ADDRESS <i>1401 E. Calver Ave. Balto 12, Md.</i>		23C. DATE SIGNED <i>Jan. 16, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>1/19/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cem.</i>	
24D. LOCATION (City, town or county) <i>Baltimore, Md.</i>		24E. LOCATION (State) <i>Md.</i>		24F. LOCATION (Country) <i>U.S.A.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>Jan 18 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Kenn. J. Pickner &amp; Sons - 96 Balto 17, Md.</i>	





56 52 0497

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

52 0497  
Registered No.

1. NAME OF DECEASED (Type or Print) <b>FRANK J. BRUNNER</b>		2. DATE OF DEATH <b>JAN. 17, 1952</b>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <b>Maryland</b> B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>MERLY HOSPITAL</b>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>BALTIMORE 11-03</b>	
6. Length of stay in Baltimore <b>75</b> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <b>206 W. MONUMENT ST.</b>	
7. SEX <b>M.</b>	8. COLOR OR RACE <b>W.</b>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>	10. DATE OF BIRTH <b>AUG. 26, 1878</b>
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Upholsterer (rtd)</b>		12. AGE (In years last birthday) <b>73</b>	
13. FATHER'S NAME <b>JOSEPH F. BRUNNER</b>		14. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <b>—</b>		16. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME <b>MARGARET B. WERNER</b>	
19. INFORMANT ADDRESS <b>THE DECEASED.</b>			

18. <b>422.1 I</b> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <b>ACEROSCROTIC Q.V. DISEASE</b> DUE TO (A) <b>ACEROSCROTIC Q.V. DISEASE</b> (B) <b>LIVER DISEASE (SEVERE)</b> (C) <b>492.1</b>		INTERVAL BETWEEN ONSET AND DEATH <b>20 YRS</b>
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <b>II</b> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <b>0</b>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>JAN. 16</b> , 1952, to <b>JAN. 17</b> , 1952, that I last saw the deceased alive on <b>JAN. 17</b> , 1952, and that death occurred at <b>8:45 A.M.</b> , from the causes and on the date stated above.					
23A. SIGNATURE <b>Raymond L. Cushman</b>		23B. ADDRESS <b>Merly Hospital</b>		23C. DATE SIGNED <b>1/17/52</b>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24B. DATE <b>1/19/52</b>		24C. NAME OF CEMETERY OR CREMATORY <b>Holy Redeemer Cem.</b>	
				24D. LOCATION (City, town, or county) (State) <b>Balto., Md.</b>	
DATE RECEIVED BY LOCAL REGISTRAR <b>JAN 18 1952</b>		REGISTRAR'S SIGNATURE <b>Huntington Williams, M.D.</b>		25. FUNERAL DIRECTOR ADDRESS <b>Wm. J. Schenker &amp; Sons</b> <b>59384</b> <b>Balto 17, Md 937</b>	

MEDICAL CERTIFICATION

1910

RECEIVED  
JAN 10 1910

1910

52 0498

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH52 0498  
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MAGGIE E. BUCKMAN		Jan. 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location)		A. STATE	
University Hospital		Maryland	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		D. STREET ADDRESS (if rural, give location)	
Baltimore		1910 Griffiths Avenue	
E. Length of stay in Baltimore		5. SEX	
Yrs. Mos. Days		female	
6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
white		widowed	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
retired School Teacher --			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Samuel N. Welch		Harriett Engel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
no			
17. INFORMANT		ADDRESS	
Miss Anna Stricker - 1900 Griffiths Ave.			

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Multiple fractures, abrasions and contusions		
(B) Retroperitoneal hemorrhage		
(C) Ileus of intestines		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		street		Washington Boulevard & Griffith Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
15, 1952 6:00 P. m.				Pedestrian struck by auto	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER.....		23C. DATE SIGNED	
Stanley H. Dineen		ASSISTANT MEDICAL EXAMINER.....		Jan. 17, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		1/17/52		St. Thomas Cem.	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Garrison, Md.		25m. J. Pickner & Sons		1700 Batho 17, Md	
DATE RECEIVED BY		REGISTRAR'S SIGNATURE			
JAN 18 1952		[Signature]			

Sp. of *Trichostema* A. Green  
 1870-1871

52 0499

52 0499

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_

1. NAME OF DECEASED  
(Type or Print)

EDWARD BROWNE CLAYPOOLE

2. DATE  
OF  
DEATH

Jan. 16, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR INSTITUTE 3515 Wabash Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3515 Wabash Ave.

15-11

5. Length of stay in Baltimore

Yrs.  
Mos.  
Days

6. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10a. KIND OF BUSINESS OR INDUSTRY

Ass't. Deputy Chief Clerk -- Court House

9. FATHER'S NAME

James Yeardsley Claypoole

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary H. Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)  
(Yes, no or unknown) no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Audrey C. Windsor - 3515 Wabash Ave.

18.

## CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

## ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Acute Congestive Cardiac failure 5 day.  
Virus infection lungs. 14 day.

## II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-1952, to 1-16-1952 that I last saw the deceased alive on 1-16-1952, and that death occurred at 10:40 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/18/52

24C. NAME OF CEMETERY OR CREMATORY

Govans Presbyterian Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

JAN 18 1952

25. FUNERAL DIRECTOR

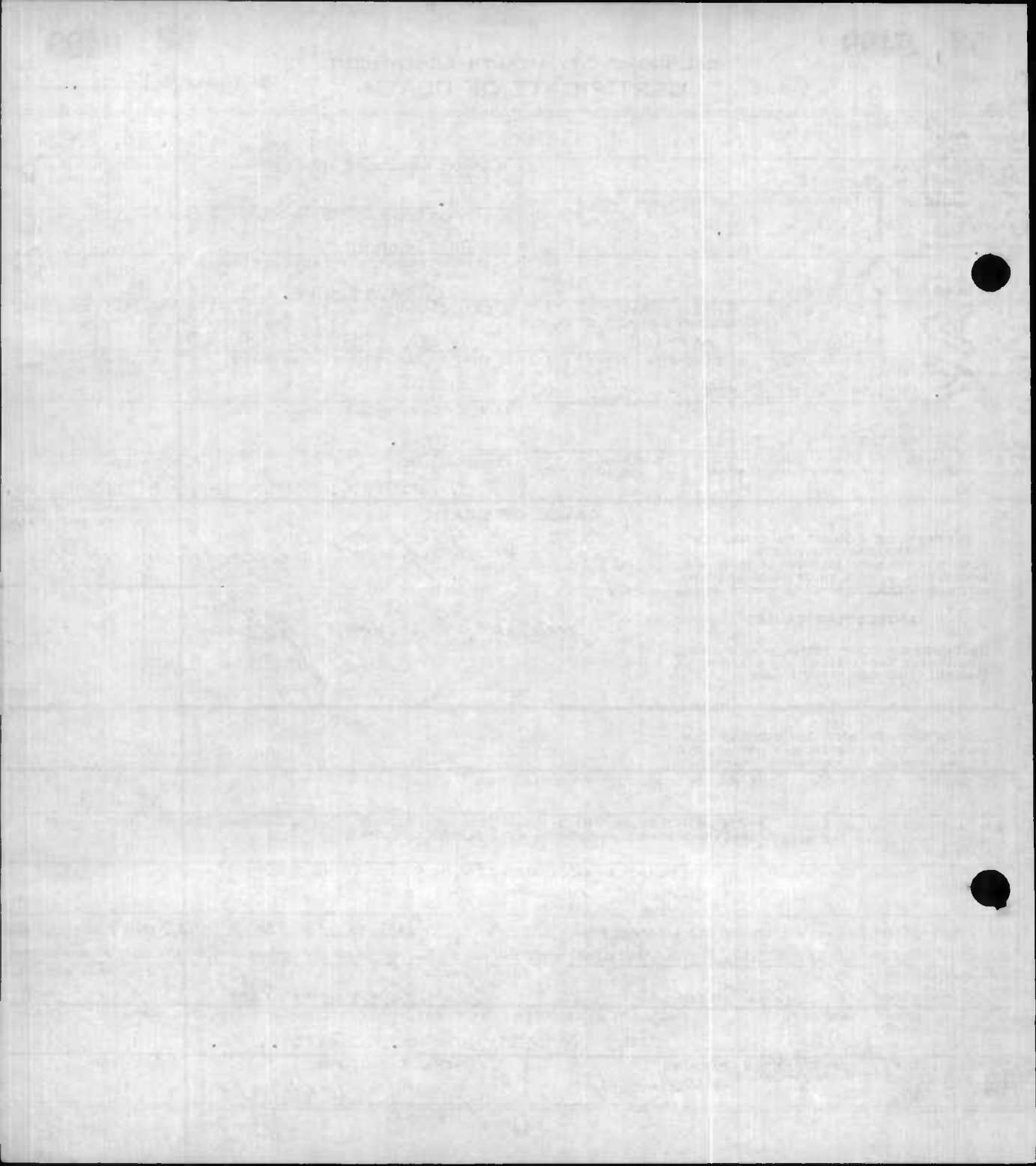
ADDRESS

Thos. J. Tichner &amp; Sons

VS 150

1952 092 00

114E Balto 17, Md



52 0500

52 0500

BALTIMORE CITY HEALTH DEPARTMENT  
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

NAME OF DECEASED  
(Type or Print)

Mrs. Amelia C. Gillard

2. DATE  
OF  
DEATH

Jan. 17, 1952

3. PLACE OF DEATH:

Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived before admission)  
A. STATE  
B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2304 Poplar Grove St.

FULL NAME OF (If not in hospital or institution, give street address or location)  
HOSPITAL OR  
INSTITUTION

University Hospital

Length of stay in Baltimore

Yrs.  
Mos.  
Days

5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

white

married

8A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

9. FATHER'S NAME

Matthews Doetsch

8. DATE OF BIRTH

Aug. 8, 1887

9. AGE (In years last birthday)

64

11 Under 1 Year  
Months: Days12 Under 24 Hours  
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Amelia Mainz

5. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Howard Gillard - 2304 Poplar Grove St.

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis long time

DUE TO

(C)

11  
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Uremia, dehydration

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, 1952, to Jan. 17, 1952, that I last saw the deceased alive on Jan. 17, 1952, and that death occurred at 5:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23. ADDRESS

23E. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

1/21/52

24C. NAME OF CEMETERY OR CREMATORY

Oaklawn Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JAN 18 1952

Mr. J. Lickner &amp; Son -

VS 150

0 0 4 0 0

131a/2a/17, Md.



